

2.8.21.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
CCN	Cash control number of the check	13	Number	T_CASH_RECEIPT	CASH_CTL_NO
Case Number	Number assigned to a casualty case	9	Number	T_CASUALTY_CASE	NUM_CAS_CASE
Case Type	Type of casualty case	20	Char	T_CASUALTY_CASE	CDE_CASE_TYPE
Contingency Fee	Amount due to Third Party contractor.	9	Decimal	N/A	CALCULATED
Date Rcvd	Date the total amount was received.	8	Date (MM/DD/CCYY)	N/A	CALCULATED
Member ID	The member's Medicaid ID.	12	Char	T_RE_BASE	ID_MEDICAID
Member Name	Member's last name, first name, and middle initial	30	Char	T_RE_BASE	NAM_LAST
Number of Cases	Number of cases for the case type being reported	4	Number	N/A	CALCULATED
Quarterly Recoveries	Amount collected for the case type being reported	13	Decimal	N/A	CALCULATED
Recovery	Total amount received for the CCN reported.	13	Decimal	T_CASUALTY_REC	AMT_CASE_SETTLEMENT
Total Cases	Sum of all unduplicated casualty cases closed for the report month.	4	Number	N/A	CALCULATED
Total Quarterly Recovery	Sum of all casualty recoveries for the report month.	13	Decimal	N/A	CALCULATED

2.8.21.5 Associated Programs

Program	Description
copy2routedir	Copy Reports to Router
tpl0305m	TPL Recovery Process
tpl0027m	Casualty Collections Report, TPL-0027-M

2.8.21.6 Associated Requirements

ID
30.090.004.003.1

2.8.21.7 Change Orders

ID	Name	Description
155	Recipient to Member - Reports	<p>System wide changes need to be performed to change every instance of Recipient to Member where viewable by the user.</p> <p>This system wide change was identified during the Member Management RV and JAD sessions held on 06/13/2005 - 06/17/2005. During GSD review period, a number of standards were identified namely, changing DOB to Date of Birth, Provider ID to Provider Number, county code to 3 character positions, etc. These standard apply to all reports listed in this Change Order.</p>
2137	TPL Cases to DMS	There is a need to create files containing TPL case information to send to DMS.
582	Estate, Trust, Casualty Recovery	Modify report TPL-0027-M , create new reports TPL-0027-Q AND TPL-0027-A.

2.8.22 TPL-0028-R -- Certificate of Authentication

The Certificate of Authentication is printed together with the Case Tracking Report TPL-0029-R.

2.8.22.1 Technical Name

TPL-0028-R

2.8.22.2 Sort Order

Member ID

For readability the layout displays on the next page.

2.8.22.3 Certificate of Authentication Layout

CERTIFICATE OF AUTHENTICATION

NAME: (Member Name)
SSN#: (SSN)
AMOUNT: (Amount)

DATES OF SERVICE: (From DOS) – (To DOS)

I, _____, an agent for the Commonwealth of Kentucky with responsibility for maintaining records of payment on behalf of members of medical assistance, certify that the attached report documents payments on behalf of the above identified member of medical assistance and is a true and correct record of these payments.

As part of my responsibilities to the Commonwealth of Kentucky, this agent certifies that the amounts paid under the medical assistance program of the Commonwealth of Kentucky were recorded on or about the time the services were provided. These records are kept as part of the normal course of business of the Commonwealth of Kentucky and are available for review, subject to rules of confidentiality.

Name

Title

Subscribed and sworn before me this ____ day of _____, 20__.

Notary Public

My commission expires

2.8.22.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Amount	This is the amount associated with the case summary.	6	Char	N/A	CALCULATED
From DOS	This is the beginning date of service.	8	Date (MM/DD/CCYY)	T_HIST_DIRECTORY	DTE_FIRST_SVC
Member Name	This is the last name, first name and middle initial of the member for which the case summary is generated.	32	Char	N/A	CONCATENATED
SSN	The member's social security number	9	Char	T_RE_BASE	NUM_SSN
To DOS	This is the ending date of service.	8	Date (MM/DD/CCYY)	T_HIST_DIRECTORY	DTE_LAST_SVC

2.8.22.5 Associated Programs

Program	Description
tpl0029r	Case Tracking Report

2.8.22.6 Associated Requirements

ID
30.090.004.003.1

2.8.22.7 Change Orders

ID	Name	Description
4817	TPL-0028-R not created	TPL-0028-R needs to be created when the TPL-0029-R is created.

2.8.23 TPL-0029-R -- TPL Case Tracking - Case Description

The TPL Case Tracking report is requested online from the Case Tracking Summary panel. It can be printed on demand by clicking on the View Report button. The certificate of authenticity is also printed.

Member ID, Claim Type, and Provider Name.

2.8.23.1 Technical Name

TPL-0029-R

2.8.23.2 Sort Order

Member ID, Claim Type, and Provider Name

For readability the layout displays on the next page.

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Report : TPL-0029-R	COMMONWEALTH OF KENTUCKY	Run Date: mm/dd/ccyy
Process : TPLJR029	MEDICAID MANAGEMENT INFORMATION SYSTEM	Run Time: hh:mm:ss
Location: TPL0029R	TPL CASE TRACKING - case description	Page: 1

PROVIDER NAME	DATES OF SERVICE	PAID DATE	PAID AMOUNT
DX OR NDC / REASON / SETTLEMENT	WARRANT NO/CCN	CASE NUMBER	
PAYER / VENDOR / TORTFEASOR	CASE DESCRIPTION		

[illegible][illegible]

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** NO DATA THIS RUN **
** END OF REPORT **

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Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Case Description	This is the case type description for the associated case.	20	Char	T_CAS_CASE_TYPE	DSC_CASE_TYPE
Case Number	This is the case number of any other case for the beneficiary on an estate case. This will only appear if the report being printed is an estate recovery case.	9	Char	T_CASUALTY_CASE	NUM_CAS_CASE
DX or NDC/Reason/Settlement	This is the diagnosis description, drug description, or reason for the paid amount or recovered amount.	40	Char	T_DIAGNOSIS	DSC_25
Dates of Service	This is the first and last dates (CCYY/MM/DD) of service on the case.	16	Date (MM/DD/CCYY)	T_HIST_DIRECTORY	DTE_FIRST_SVC+DTE_TO_DATE
Member Date of Birth	This is the beneficiary's date (CCYY/MM/DD) of birth.	8	Date (MM/DD/CCYY)	T_RE_BASE	DTE_BIRTH
Member Name	This is the first name, middle initial, and last name of the Member for whom the case summary is generated.	32	Char	T_RE_BASE	NAM_FIRST+NAM_LAST+NAM_MID_INIT
Paid Amount	This is the Medicaid payment amount if amount is positive or the third party payment amount if amount is negative.	8	Decimal	N/A	CALCULATED

Field	Description	Length	Data Type	DB Table	DB Attributes
Paid Date	This is the date (CCYY/MM/DD) of the Medicaid payment paid if the amount is positive or the date a third party payment was received if the amount is negative.	8	Date (MM/DD/CCYY)	T_HIST_DIRECTORY	DATE_PAID
Payer/Vendor /Tortfeasor	This is the payer, vendor, or tortfeasor name.	10	Char	T_TORTFEASOR	NAM_LAST+NAM_FIRST+NAM_MID_INIT
Provider Name	This is the provider name.	50	Char	T_PR_NAM	NAME
Requester ID	This is the clerk ID listed on the Case Tracking Summary panel.	8	Char	T_CASUALTY_CASE	ID_CLERK
SSN	This is the beneficiary's social security number.	9	Char	T_RE_BASE	NUM_SSN
Service Date	This is the first and last dates (CCYY/MM/DD) of service on the claim.	16	Date (MM/DD/CCYY)	CALCULATED	DTE_FIRST_SVC+DTE_LAST_SVC
Total Case Claims	This is the total dollar amount for claims paid on the case.	9	Char	N/A	CALCULATED
Warrant No/CCN	This is the warrant number or CCN associated with a settlement of expenditure.	10	Char	T_FIN_PAYMENT	NUM_CHECK_EXTERNAL

2.8.23.4 Associated Programs

Program	Description
tpl0029r	Case Tracking Report

2.8.23.5 Associated Requirements

ID
30.090.004.003.1

2.8.23.6 Change Orders

ID	Name	Description
155	Recipient to Member - Reports	<p>System wide changes need to be performed to change every instance of Recipient to Member where viewable by the user.</p> <p>This system wide change was identified during the Member Management RV and JAD sessions held on 06/13/2005 - 06/17/2005. During GSD review period, a number of standards were identified namely, changing DOB to Date of Birth, Provider ID to Provider Number, county code to 3 character positions, etc. These standard apply to all reports listed in this Change Order.</p>
2574	Case Tracking Report	Incorporate the Case Tracking Report.
3365	REL2-T_HIPP_EXPEND_XREF Batch	The table t_hipp_expend_xref will include the sak_short field as part of the primary key. Research and update batch code if necessary.
4133	TPL 0029 R not produced	TPL 0029 R is not produced when it is requested thru the TPL case tracking panel.

2.8.24 TPL-0035-R -- UB-92 Billing Facsimile

The UB-92 Billing is a system generated post payment recovery billing to liable insurance companies for recoupment of Medicaid dollars. This Rebilling identifies an active TPL resource with coverage codes A (Hospital), C (Major Medical), F (Cancer), G (Skilled Nursing Home), H (Home Health), K (Mental Health-Hospital), L (Indemnity), O (Medicare Supplement), Q (Medical/ Major Medical) and Z (Intermediate Care Facility ICF) and member's claims which have been paid by Medicaid. Note that this is a Forms Flash and, therefore, will not have a layout.

2.8.24.1 Technical Name

TPL-0035-R

2.8.24.2 Sort Order

As requested by user.

2.8.24.3 UB-92 Billing Facsimile Layout

This is a Forms Flash and therefore does not have a layout.

2.8.24.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Adm Diag Cd	Admitting diagnosis	5	Char	T_UB92_HDR_DIAG_X	CDE_DIAG+CDE_DIAG_SEQ
Admit Date	Admission date.	10	Date (CCYY/MM/DD)	T_PD_UB92_HDR	DTE_ADMISSION
Amount Charge	amount provider charged	10	Decimal	T_PD_UB92_HDR	AMT_BILLED_UB92
Cert.,SSN,ID No.	Policyholder's SSN	9	Number	T_POLICY_HOLDER	NUM_SSN
Condition Codes 1	Condition code. May occur 7 times	2	Char	CDE_COND	T_UB92_HDR_COND_X
Condition Codes 2	Condition code. May occur 7 times	2	Char	T_CONDITION	CDE_COND

Field	Description	Length	Data Type	DB Table	DB Attributes
Condition Codes 3	Condition code. May occur 7 times	2	Char	T_CONDITION	CDE_COND
Condition Codes 4	Condition code. May occur 7 times	2	Char	T_CONDITION	CDE_COND
Condition Codes 5	Condition code. May occur 7 times	2	Char	T_CONDITION	CDE_COND
Condition Codes 6	Condition code. May occur 7 times	2	Char	T_CONDITION	CDE_COND
Condition Codes 7	Condition code. May occur 7 times	2	Char	T_CONDITION	CDE_COND
Cov Days	Days covered depending on status.	0	Number	T_PD_UB92_HDR	NUM_DAYS_COVD
Date	Today's date	8	Char	T_LTR_RQST_TEMP LAT	DTE_GENERATE
Date	Date of principal surgical/obst procedure	10	Date (CCYY/MM/DD)	T_PD_UB92_DTL	DTE_FIRST_SVC
Dates	Dates of additional surg/obst procedures	10	Date (CCYY/MM/DD)	T_MEDPOL_UB92	DTE_FIRST_SVC
Description	Description of services	25	Char	T_PROC	DSC_PROCEDURE
Employer	Name of employer	39	Char	T_TPL_EMPLOYER	NAM_BUS
Employer Name	Employer name of the policyholder	39	Char	T_TPL_EMPLOYER	NAM_BUS
Est Amt Due	Net amount charged.	11	Decimal	T_UB92_HDR_PAYE R	AMT_DUE_EST

Field	Description	Length	Data Type	DB Table	DB Attributes
FDOS	first date of service	8	Char	T_TPL_AR_HEALTH	DTE_FIRST_SVC
Fed. Tax No.	Federal Tax number	9	Number	T_1099_DETAIL	NUM_TAX_ID
Group Name	Group name	16	Char	T_CLM_SBR	NAM_INSURED_GROUP
HCPCS/Rate	HCPCS code corresponding to Rev Code.	6	Char	T_PROC	CDE_PROC
Hour	Hour of admission	2	Char	T_PD_UB92_HDR	CDE_ADMIT_HOUR
ICD9 Code	ICD 9 procedure code can occur 6 times	6	Char	T_UB92_HDR_ICD9CM	CDE_PROC_ICD9
ICD9 Date	ICD 9 date can occur 6 times	10	Char	T_UB92_HDR_ICD9CM	DTE_ICD_9_CM_PROC
Insurance Group No.	Policy number	16	Number	T_TPL_RESOURCE	NUM_TPL_POLICY
Insured's Name	Policyholder's name	29	Char	T_POLICY HOLDER	NAM_LAST
Medicaid Paid Amt	Amount paid by Medicaid - Carrier liability.	11	Decimal	T_PD_UB92_DTL	AMT_PAID
Medicaid Reg	Regs.-42CFR 433.135, IC 12-1-7-24.2	0	Char	N/A	HARDCODED
Medicare Allowed	amount Medicare allowed	10	Decimal	NA	NA
Medicare Coin	Medicare coinsurance amount	10	Decimal	T_FINAL_UB92_XOVER	AMT_COINSURANCE
Medicare DED	Medicare deductible amount	10	Decimal	T_FINAL_UB92_XOVER	AMT_DEDUCT

Field	Description	Length	Data Type	DB Table	DB Attributes
Medicare Paid	amount Medicare paid	10	Decimal	NA	NA
Member Address	street address of Member	30	Char	T_RE_BASE	ADR_STREET_1
Member Address 2	street address of Member (2)	30	Char	T_RE_BASE	ADR_STREET_2
Member City	city	15	Char	T_RE_BASE	ADR_CITY
Member DOB	Member's date of birth	10	Char	T_RE_BASE	DTE_BIRTH
Member First Name	First name of the Member	13	Char	T_RE_BASE	NAM_FIRST
Member Last Name	Last name of the Member	15	Char	T_RE_BASE	NAM_LAST
Member MIDDLE Init	middle init of the Member	1	Char	T_RE_BASE	NAM_MID_INIT
Member Sex	Member gender	1	Char	T_RE_BASE	CDE_SEX
Member State	state	2	Char	T_RE_BASE	ADR_STATE
Member Zip	first 5 numbers of the zip code	5	Char	T_RE_BASE	ADR_ZIP_CODE
Member Zip 4	last 4 numbers of the zip code	4	Char	T_RE_BASE	ADR_ZIP_CODE_4
Occurrence Code 1	Occurrence code. May occur 8 times.	2	Char	T_UB92_HDR_OCC	CDE_OCCURRENCE
Occurrence Code 2	Occurrence code. May occur 8 times.	2	Char	T_OCCURRENCE	CDE_OCCURRENCE
Occurrence Code 3	Occurrence code. May occur 8 times.	2	Char	T_OCCURRENCE	CDE_OCCURRENCE

Field	Description	Length	Data Type	DB Table	DB Attributes
Occurrence Code 4	Occurrence code. May occur 8 times.	2	Char	T_OCCURRENCE	CDE_OCCURRENCE
Occurrence Code 5	Occurrence code. May occur 8 times.	2	Char	T_OCCURRENCE	CDE_OCCURRENCE
Occurrence Code 6	Occurrence code. May occur 8 times.	2	Char	T_OCCURRENCE	CDE_OCCURRENCE
Occurrence Code 7	Occurrence code. May occur 8 times.	2	Char	T_OCCURRENCE	CDE_OCCURRENCE
Occurrence Code 8	Occurrence code. May occur 8 times.	2	Char	T_OCCURRENCE	CDE_OCCURRENCE
Occurrence Date	Occurrence date. Required if Occurrence code present. May occur 8 times.	10	Date (CCYY/MM/DD)	T_UB92_HDR_OCC	DTE_OCCURRENCE
Occurrence Date 2	Occurrence date. Required if Occurrence code present. May occur 8 times.	10	Date (CCYY/MM/DD)	T_OCCURRENCE	CALCULATED DSC_OCCURRENCE
Occurrence Date 3	Occurrence date. Required if Occurrence code present. May occur 8 times.	10	Date (CCYY/MM/DD)	T_OCCURRENCE	CALCULATED DSC_OCCURRENCE
Occurrence Date 4	Occurrence date. Required if Occurrence code present. May occur 8 times.	10	Date (CCYY/MM/DD)	T_OCCURRENCE	CALCULATED DSC_OCCURRENCE
Occurrence Date 5	Occurrence date. Required if Occurrence code present. May occur 8 times.	10	Date (CCYY/MM/DD)	T_OCCURRENCE	CALCULATED DSC_OCCURRENCE

Field	Description	Length	Data Type	DB Table	DB Attributes
Occurrence Date 6	Occurrence date. Required if Occurrence code present. May occur 8 times.	10	Date (CCYY/MM/DD)	T_OCCURRENCE	CALCULATED DSC_OCCURRENCE
Occurrence Date 7	Occurrence date. Required if Occurrence code present. May occur 8 times.	10	Date (CCYY/MM/DD)	T_OCCURRENCE	CALCULATED DSC_OCCURRENCE
Occurrence Date 8	Occurrence date. Required if Occurrence code present. May occur 8 times.	10	Date (CCYY/MM/DD)	T_OCCURRENCE	CALCULATED DSC_OCCURRENCE
Occurrence Span Code	occurrence span code	2	Char	T_UB92_HDR_OCC	CDE_OCCURRENCE
Occurrence Span Date 1	occurrence span date 1	8	Date (CCYY/MM/DD)	T_UB92_HDR_OCC	DTE_OCCURRENCE
Occurrence Span Date 2	occurrence span date 2	8	Date (CCYY/MM/DD)	T_UB92_HDR_OCC	DTE_OCC_TO
Other Diag Cd	Additional diagnoses, 3-11.	5	Char	T_UB92_HDR_DIAG_X	CDE_DIAG+CDE_DIAG_SEQ
Other Phys	Physician performing other procedure	9	Char	T_PR_PROV	ID_PROVIDER
Other Procedure	Additional surgical/obst procedures	0	Char	T_MEDPOL_UB92	CDE_MOD_1
Patient Address	Address of the Member	138	Char	T_RE_BASE	ADR_STREET_1+ADR_CITY+ADR_STATE
Patient Control #	ICN (Internal control number)	13	Number	T_HIST_DIRECTORY	NUM_ICN

Field	Description	Length	Data Type	DB Table	DB Attributes
Patient Name	Member name	29	Char	T_RE_BASE	NAM_LAST+NAM_FIRST+NAM_MID_INIT
Payer	Carrier name Medicaid	30	Char	T_TPL_CARRIER	NAM_BUS
Policy Fname	First name of the policy holder	13	Char	T_POLICY_HOLDER	NAM_FIRST
Policy Group Number	Group number	16	Char	T_TPL_RESOURCE	NUM_GROUP
Policy Lname	Last name of the policy holder	15	Char	T_POLICY_HOLDER	NAM_LAST
Policy Mname	MIDdle initial of the policy holder	1	Char	T_POLICY_HOLDER	NAM_MID_INIT
Policy Num	Policy number	16	Char	T_TPL_RESOURCE	NUM_TPL_POLICY
Policy SSN	Policy holder's social security number	9	Char	T_POLICY_HOLDER	NUM_SSN
Prim Diag.Cd	Primary diagnosis	5	Char	T_UB92_HDR_DIAG_X	CDE_DIAG+CDE_DIAG_SEQ
Principal Proc	Principal surgical/obstetrical procedure.	0	Char	T_PROC	CDE_PROC
Prior Pay	TPL payment/Patient Deductible.	11	Decimal	T_UB92_HDR_OUTPAT UB92_HDR_MCARE	AMT_CLMDED
Prov #	Carrier number	7	Number	T_PR_PROV	ID_PROVIDER
Prov Phone Area	Area code of provider's phone number	3	Char	T_PR_ADR	CALCULATED NUM_PHONE
Provider Address 1	Provider street address	30	Char	T_PR_ADR	ADR_MAIL_STRT1

Field	Description	Length	Data Type	DB Table	DB Attributes
Provider Address 2	Provider street address (2)	30	Char	T_PR_ADR	ADR_MAIL_STRT2
Provider City	City	15	Char	T_PR_ADR	ADR_MAIL_CITY
Provider Name	Name of the provider	39	Char	T_PR_NAM	NAME
Provider Phone	Provider phone number	8	Char	T_PR_ADR	NUM_PHONE
Provider State	State	2	Char	T_PR_ADR	ADR_MAIL_STATE
Provider Zip 4	Last 4 numbers of zip code	4	Char	T_PR_ADR	ADR_MAIL_ZIP_4
Provider Zip 5	First 5 numbers of zip code	5	Char	T_PR_ADR	ADR_MAIL_ZIP
Remarks	Provider name and address, for further explanation of services rendered	0	Char	T_PR_NAM+T_PR_ADR	NAME+ADR_MAIL_STRT1
Rev Cd	Revenue code.	3	Char	T_PD_UB92_DTL	CDE_REVENUE
Serv Date	Service date - MMDDYY format.	10	Date (CCYY/MM/DD)	T_PD_UB92_HDR	DTE_FIRST_SVC
Stat	Patient Status	1	Char	T_PD_UB92_HDR	CDE_PATIENT_STATUS
Statement Covers	"From" date of service.	10	Date (CCYY/MM/DD)	T_PD_UB92_HDR	DTE_FIRST_SVC
TDOS	the end date of service	8	Char	T_TPL_AR_HEALTH	DTE_LAST_SVC
TOB	Type of bill	3	Char	T_PD_UB92_HDR	CDE_TYPE_OF_BILL
Total Charges	Charge for the detail line.	11	Decimal	T_PD_UB92_DTL	AMT_BILLED_UB92
Total Paid	amount Medicaid paid to provider	10	Decimal	T_PD_UB92_HDR	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
Type	Valid values: 1 = Emergency, 2 = Urgent, 3 = Elective, 4 = Newborn	1	Number	T_PD_UB92_HDR	CDE_ADMIT_TYPE
Units	Units corresponding to the revenue code billed.	3	Char	T_PD_UB92_DTL	QTY_UNITS_BILLED
Value Amt	Value amount. Required if Value Code present. May occur 12 times.	9	Decimal	T_UB92_HDR_VALU E	AMT_VALUE
Value Cd	Value codes. May occur 12 times.	2	Char	T_UB92_HDR_VALU E	CDE_VALUE

2.8.24.5 Associated Programs

Program	Description
jck.629	Create Claim Facsimiles, TPL-0035-R, TPL-0036-R and TPL-0037-R
lp	UNIX Print Command
jck.629	Create Claim Facsimiles, TPL-0035-R, TPL-0036-R and TPL-0037-R
lbmsprnt2	Formats the Provider Name, Address and Tax ID Report
copy2crlld	CRLD copy
otsortd	Sort - UNIX
tplf1000	TPL module to split paper and electronic claims
tplf1000	TPL module to split paper and electronic claims
otsortd	Sort - UNIX
tplf1000	TPL module to split paper and electronic claims

Program	Description
tplf1000	TPL module to split paper and electronic claims
otsortd	Sort - UNIX
tplf1000	TPL module to split paper and electronic claims
tplf1000	TPL module to split paper and electronic claims
otsortd	Sort - UNIX
tplf1000	TPL module to split paper and electronic claims
tplf1000	TPL module to split paper and electronic claims

2.8.24.6 Associated Requirements

ID
30.020.002.009
30.050.001U
30.050.004.002.14
30.050.004.002.16
30.050.004.002.6
30.050.004.002.7
30.090.004.003.1
30.090.004.003.4

2.8.24.7 Change Orders

ID	Name	Description
155	Recipient to Member - Reports	<p>System wide changes needs to be performed to change every instance of Recipient to Member where viewable by the user.</p> <p>This system wide change was identified during the Member Management RV and JAD sessions held on 06/13/2005 - 06/17/2005. During GSD review period, a number of standards were identified namely, changing DOB to Date of Birth, Provider ID to Provider Number, county code to 3 character positions, etc. These standard apply to all reports listed in this Change Order.</p>
279	TPL Billing jobs	<ol style="list-style-type: none"> 1. Modify the billing jobs to PICK up claims that have hit the TPL edit IF they have a specific EOB. 2. Modify the billing process to not bill adjustments. 3. Modify Facsimiles to meet KY specifications. 4. Modify closure of billings - change the date criteria for closing billings that have had no response from the carrier. 5. Do not include the Medicare B aor Medicare B DMERC functionality (see Change Orders 676, 1208 and 1211). 6. Modify the billing jobs to create HIPAA 837 and the NCPDP outbound transactions if carrier requests billings in that manner. 7. Create the reports used by operations. 8. Modify the billing facsimiles to the new CMS-1500 and UB04 claim form. This means that the HCFA1500 and UB facsimiles that we create may need to change. 9. More changes identified by Hayley on 08/02/2006. Refer to the Tech Specs for details.
3225	REL2-TPL Billing-837 Inpatient	Modify the billing jobs to create HIPAA 837 Inpatient
3227	REL2-TPL Billing-Facsimiles	Modify Facsimiles to meet KY specifications. Create new reports TPL-0770-W, TPL-0780-W, TPL-0781-W. These reports will run weekly and monthly.

2.8.25 TPL-0036-R -- Dental Billing Facsimile

The Dental Billing is a system generated post payment recovery billing to liable insurance companies for recoupment of Medicaid dollars. This Rebilling identifies an active TPL resource with coverage codes D (Dental) and member's claims which have been paid by Medicaid. Once the claims have been reported they are flagged and not billed again. Note that this is a Forms Flash and, therefore, will not have a layout.

2.8.25.1 Technical Name

TPL-0036-R

2.8.25.2 Sort Order

As requested by user.

2.8.25.3 Dental Billing Facsimile Layout

This is a Forms Flash and therefore does not have a layout.

2.8.25.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Address where Payment should be remitted	Provider address	39	Char	T_PR_ADR	ADR_MAIL_STRT1
Auto Accident	Auto accident indicator	1	Char	T_ACCIDENT_TYPE	CDE_ACC_TYP
Date of Services	Date of service, MMDDYY, may occur 12 times.	10	Date (CCYY/MM/DD)	T_PD_DNTL_DTL	DTE_FIRST_SVC
Dentist Phone no.	Phone number of the dentist.	9	Number	T_PR_ADR	NUM_PHONE
Description of Service	Provider description of service	24	Char	T_PROC	DSC_PROCEDURE
Employed/Subscriber name	Policyholder name and Policyholder SSN	9	Char	T_POLICY HOLDER	NAM_LAST

Field	Description	Length	Data Type	DB Table	DB Attributes
Employee/subscriber SSN or ID number.	Policy number	9	Number	T_POLICY_HOLDER	NUM_SSN
Employer Name and Address	Employer Name	39	Char	T_TPL_EMPLOYER	NAM_BUS
Fee	Amount of money requested by a provider for payment for services rendered to a recipient.	9	Decimal	T_PD_DNTL_DTL	AMT_BILLED
Group Number	Group number	16	Number	T_TPL_RESOURCE	NUM_GROUP
ICN	Patient/Claim Control Number (ICN)	13	Char	T_HIST_DIRECTORY	NUM_ICN_FL
Loc Cd	Provider location code.	1	Char	T_PR_LOC_NM_ADR	CDE_SERVICE_LOC
Medicaid Paid	Amount Medicaid paid and the amount the insurance company should base their payment.	9	Decimal	T_PD_DNTL_HDR	AMT_PAID
Member ID	Member identification number	12	Char	T_RE_BASE	ID_MEDICAID
Occupational Injury	Employment related accident indicator.	1	Char	T_ACCIDENT_TYPE	CDE_ACC_TYP
Other Accident	Other accident indicator	1	Char	T_ACCIDENT_TYPE	CDE_ACC_TYP
Patient Name	Member's name.	29	Char	T_RE_BASE	NAM_LAST

Field	Description	Length	Data Type	DB Table	DB Attributes
Patient birth date	Members date of birth	10	Date (CCYY/MM/DD)	T_RE_BASE	DTE_BIRTH
Place of Treatment	Place of treatment, "E" indicates emergency at POS, "X" indicates regular service at POS.	1	Char	T_PD_DNTL_DTL	CDE_PLACE_OF_SERVICE
Procedure number	Service rendered by the provider	6	Char	T_PROC	CDE_PROC
Prov No.	Provider Medicaid identification number.	7	Number	T_PR_PROV	ID_PROVIDER
Provider name	Name of provider	39	Char	T_PR_NAM	NAME
Relationship to employee	Member's relationship to the insured.	1	Char	T_TPL_RESOURCE	CDE_RELATION
Sex	Sex of the Member	1	Char	T_RE_BASE	CDE_SEX
Surface	Tooth surface, may occur 12 times	2	Char	T_CLM_DTL_TTH_SFC	CDE_TOOTH_SURFACE
Tax ID	Tax identification number	9	Char	T_RE_BASE	NUM_SSN
Tooth/Letter	Tooth number/letter, may occur 12 times.	2	Char	T_PD_DNTL_DTL	CDE_TOOTH_NBR
Total Fee Charged	Total of all line charges.	9	Decimal	T_PD_DNTL_HDR	AMT_BILLED

2.8.25.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.25.6 Associated Requirements

ID
30.020.002.009
30.050.001U
30.050.004.002.14
30.050.004.002.16
30.050.004.002.6
30.050.004.002.7
30.090.004.003.1
30.090.004.003.4

2.8.25.7 Change Orders

ID	Name	Description
155	Recipient to Member - Reports	<p>System wide changes needs to be performed to change every instance of Recipient to Member where viewable by the user.</p> <p>This system wide change was identified during the Member Management RV and JAD sessions held on 06/13/2005 - 06/17/2005. During GSD review period, a number of standards were identified namely, changing DOB to Date of Birth, Provider ID to Provider Number, county code to 3 character positions, etc. These standard apply to all reports listed in this Change Order.</p>

ID	Name	Description
279	TPL Billing jobs	<ol style="list-style-type: none">1. Modify the billing jobs to PICK up claims that have hit the TPL edit IF they have a specific EOB.2. Modify the billing process to not bill adjustments.3. Modify Facsimiles to meet KY specifications.4. Modify closure of billings - change the date criteria for closing billings that have had no response from the carrier.5. Do not include the Medicare B aor Medicare B DMERC functionality (see Change Orders 676, 1208 and 1211).6. Modify the billing jobs to create HIPAA 837 and the NCPDP outbound transactions if carrier requests billings in that manner.7. Create the reports used by operations.8. Modify the billing facsimiles to the new CMS-1500 and UB04 claim form. This means that the HCFA1500 and UB facsimiles that we create may need to change.9. More changes identified by Hayley on 08/02/2006. Refer to the Tech Specs for details.
3226	REL2-TPL Billing-837 Dental	Modify the billing jobs to create HIPAA 837 Dental
3227	REL2-TPL Billing-Facsimiles	Modify Facsimiles to meet KY specifications. Create new reports TPL-0770-W, TPL-0780-W, TPL-0781-W. These reports will run weekly and monthly.

2.8.26 TPL-0037-R -- CMS-1500 Billing Facsimile

The CMS-1500 Billing is a system generated post payment recovery billing to liable insurance companies for recoupment of Medicaid dollars. This Rebilling identifies an active TPL resource with coverage codes B (Medical), C (Major Medical), F (Cancer), I (Optical), K (Mental Health), P (Medicare Supplement for Part B) and Q (Medical/ Major Medical) and member's claims which have been paid by Medicaid. Once the claims have been reported they are flagged and not billed again. Note that this is a Forms Flash and, therefore, will not have a layout.

2.8.26.1 Technical Name

TPL-0037-R

2.8.26.2 Sort Order

As requested by user.

2.8.26.3 CMS-1500 Billing Facsimile Layout

This is a Forms Flash and therefore does not have a layout.

2.8.26.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Allowed amount	Amount Medicaid allowed	10	Decimal	T_FINAL_PHYS_XOVE R	AMT_ALWD_MCARE
Amount Paid	Amount paid by Medicaid. The amount due from the liable third party.	9	Decimal	T_CLM_PGM_XREF	CALCULATED
Charges	Amount charged for the procedure performed	9	Decimal	T_PD_PHYS_HDR	AMT_BILLED
Date Of Current	First symptom of illness or injury or expected date of delivery.	10	Date (CCYY/MM/DD)	T_PD_PHYS_HDR	DTE_ACCIDENT
Date(s) of Service "From"	"From" date of service.	10	Date (CCYY/MM/DD)	T_PD_PHYS_HDR	DTE_FIRST_SVC
Date(s) of Service "To"	"To" date of service.	10	Date (CCYY/MM/DD)	T_PD_PHYS_HDR	DTE_LAST_SVC

Field	Description	Length	Data Type	DB Table	DB Attributes
Days or Units	Days or units of service.	7	Number	T_PD_PHYS_DTL	QTY_BILLED
Description 1	Description of Diagnosis 1	38	Char	T_DIAGNOSIS	DSC_25
Description 2	Description of Diagnosis 2	38	Char	T_DIAGNOSIS	DSC_25
Description 3	Description of Diagnosis 3	38	Char	T_DIAGNOSIS	DSC_25
Description 4	Description of Diagnosis 4	38	Char	T_DIAGNOSIS	DSC_25
Diagnosis Code	Diagnosis treated indicator - indicates which of the 4 diagnoses given in field 21 is being treated. Can occur up to 4 times.	7	Char	T_PD_PHYS_DTL	CDE_DIAG_TREAT_IND
Diagnosis or Nature of illness or injury 1	Diagnosis codes - occurs four times, required at least one be entered. with valid ICD-9-CM codes.	7	Char	T_DIAGNOSIS	CDE_DIAG
Diagnosis or Nature of illness or injury 2	Diagnosis treated indicator - indicates which of the 4 diagnoses given in field 21 is being treated. Can occur up to 4 times.	5	Char	T_DIAGNOSIS	CDE_DIAG
Diagnosis or Nature of illness or injury 3	Diagnosis treated indicator - indicates which of the 4 diagnoses given in field 21 is being treated. Can occur up to 4 times.	5	Char	T_DIAGNOSIS	CDE_DIAG

Field	Description	Length	Data Type	DB Table	DB Attributes
Diagnosis or Nature of illness or injury 4	Diagnosis treated indicator - indicates which of the 4 diagnoses given in field 21 is being treated. Can occur up to 4 times.	5	Char	T_DIAGNOSIS	CDE_DIAG
EMG	Emergency indicator, valid values are "Y" for yes and "N" for no. Defaults to "N".	1	Char	T_PD_PHYS_DTL	IND_EMERGENCY
Employer's Name	Employer Name	30	Char	T_TPL_EMPLOYER	NAM_CONTACT
Federal Tax I.D. Number	Tax ID number	9	Number	T_RE_BASE	NUM_SSN
Hospitalization Dates Related to current service from:	Hospitalization dates - entered if the To Current Services treatment give relates to member being hospitalized. Enter "From" and "To" hospitalization dates.	10	Date (CCYY/MM/DD)	T_PD_PHYS_HDR	DTE_FROM_HOSP
Hospitalization Dates Related to current service to	Hospitalization dates - entered if the To Current Services treatment give relates to member being hospitalized. Enter "From" and "To" hospitalization dates.	10	Date (CCYY/MM/DD)	T_PD_PHYS_HDR	DTE_TO_HOSP
Insurance Plan Name	Plan Name	39	Char	T_CLM_SBR	NAM_INSURED_GROUP
Insured's ID Number	Policyholder SSN	9	Number	T_POLICY HOLDER	NUM_SSN

Field	Description	Length	Data Type	DB Table	DB Attributes
Insured's Name	Policyholder Name	28	Char	T_TPL_RES_DEL	NAM_POLHLD_ICES
Insured's Policy Group	Policy Number	17	Number	T_TPL_RESOURCE	NUM_TPL_POLICY
Is there Another Health Plan	Other health benefits plan indicator valid values are "Y" for yes and "N" for no.	7	Char	T_PD_DNTL_HDR	IND_ANOTHER_PLAN
Medicare coins	Medicare coinsurance amount	10	Decimal	T_FINAL_PHYS_XOVER	AMT_COINSURANCE
Medicare deductible	Medicare deductible amount	10	Decimal	T_FINAL_PHYS_XOVER	AMT_DEDUCT
Name Of Referring Physician	Referring Physician	33	Char	T_PR_NAM	PROV_NAME
Name and Address of Facility Where Services Were Rendered	The name and address of the provider where services were rendered can be found on the top of this claim form for further explanation of services provided	128	Char	T_FACILITY	ADR_NAME+ ADR_STREET1+ADR_CITY
Patient relationship to Insured	Member's Relationship to the insured	1	Char	T_TPL_RESOURCE	CDE_RELATION
Patient's Address	Member's address	128	Char	T_RE_BASE	ADR_STREET_1
Patient's Birth Date Sex	Date of birth of member	10	Date (CCYY/MM/DD)	T_RE_BASE	DTE_BIRTH

Field	Description	Length	Data Type	DB Table	DB Attributes
Patient's Name	Member Name	28	Char	T_RE_BASE	NAM_LAST
Patient's account number	ICN Internal control number of the claim	13	Number	T_PD_PHYS_HDR	NUM_PAT_ACCT
Patient's or Authorized Person's Signature	MID No. and Regs 42 CFR 433.135, IC 12-1-7-24.2	12	Char	N/A	HARDCODED
Physician's Supplier's Billing Address of Third Party Liability	name Address, Zip Code & where payment needs to be sent. Phone	141	Char	T_PR_ADR	ADR_MAIL_STRT1+ADR_MAIL_CITY+ZIP
Place of Service	Place of service.	1	Char	T_PD_PHYS_HDR	CDE_PLACE_OF_SERVICE
Prior Authorization Number	Rendering Provider Number	9	Number	T_PA_PAUTH	PRIOR_AUTH_NUM
Procedures, Services	Procedure code - must be a valid CPT4 or HCPCS code corresponding to the service rendered. Modifier codes - may occur up to 3 times.	5	Char	T_CLM_OTH_PYR_DTL	CDE_PROCEDURE
Reserved For Local Use	Rendering provider Medicaid ID number. This must be a valid individual practitioner's Medicaid ID number. The rendering provider must be a member of the billing group.	9	Char	T_PR_PROV	ID_PROVIDER
Sex	Sex of the member	1	Char	T_RE_BASE	CDE_SEX

Field	Description	Length	Data Type	DB Table	DB Attributes
Total Charge	Total charge - total of all line charges.	11	Decimal	N/A	CALCULATED

2.8.26.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.26.6 Associated Requirements

ID
30.020.002.009
30.050.004.002.14
30.050.004.002.16
30.050.004.002.6
30.050.004.002.7
30.090.004.003.1
30.090.004.003.4

2.8.26.7 Change Orders

ID	Name	Description
279	TPL Billing jobs	<ol style="list-style-type: none">1. Modify the billing jobs to PICK up claims that have hit the TPL edit IF they have a specific EOB.2. Modify the billing process to not bill adjustments.3. Modify Facsimiles to meet KY specifications.4. Modify closure of billings - change the date criteria for closing billings that have had no response from the carrier.5. Do not include the Medicare B aor Medicare B DMERC functionality (see Change Orders 676, 1208 and 1211).6. Modify the billing jobs to create HIPAA 837 and the NCPDP outbound transactions if carrier requests billings in that manner.7. Create the reports used by operations.8. Modify the billing facsimiles to the new CMS-1500 and UB04 claim form. This means that the HCFA1500 and UB facsimiles that we create may need to change.9. More changes identified by Hayley on 08/02/2006. Refer to the Tech Specs for details.
3227	REL2-TPL Billing-Facsimiles	Modify Facsimiles to meet KY specifications. Create new reports TPL-0770-W, TPL-0780-W, TPL-0781-W. These reports will run weekly and monthly.

2.8.27 TPL-0038-M -- HIPP Monthly Payment Detail

The HIPP Monthly Payment Detail Report is system-generated and reflects monthly HIPP activity on an individual member basis. The report details which policies are included for premium payment and the premiums paid on each. The total amount of premiums paid for HIPP members, the number of premiums paid and the total of reported members are summarized at the end of the report.

2.8.27.1 Technical Name

TPL-0038-M

2.8.27.2 Sort Order

Member ID

For readability, the report layout displays on the next page.

2.8.27.3 HIPP Monthly Payment Detail Layout

Report : TPL-0038-M
 Process : TPLJM038
 Location: TPL0038M

COMMONWEALTH OF KENTUCKY
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HIPP MONTHLY PAYMENT DETAIL
 REPORT PERIOD : MM/DD/CCYY – MM/DD/CCYY

Run Date: MM/DD/CCYY
 Run Time: 99:99:99
 Page: 9999

CASE NUMBER CASE HEAD NAME	CARRIER/EMP ID NAME	HIPP CASE NO	AMT PAID	CHECK NO	ISSUE DT	SCHED	PAYSTUB	DATE
XXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXX	XXXXXXX	XXXXXXXXXXXXXXXXXXXX	\$9,999.99	999999999	MM/DD/CCYY	XX		MM/DD/CCYY MM/DD/CCYY MM/DD/CCYY MM/DD/CCYY
XXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXX	XXXXXXX	XXXXXXXXXXXXXXXXXXXX	\$9,999.99	999999999	MM/DD/CCYY	XX		MM/DD/CCYY MM/DD/CCYY MM/DD/CCYY MM/DD/CCYY
XXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXX	XXXXXXX	XXXXXXXXXXXXXXXXXXXX	\$9,999.99	999999999	MM/DD/CCYY	XX		MM/DD/CCYY MM/DD/CCYY MM/DD/CCYY MM/DD/CCYY
XXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXX	XXXXXXX	XXXXXXXXXXXXXXXXXXXX	\$9,999.99	999999999	MM/DD/CCYY	XX		MM/DD/CCYY MM/DD/CCYY MM/DD/CCYY MM/DD/CCYY

SUMMARY

TOTAL PAID IN PREMIUMS: \$999,999.99
 NUMBER OF PREMIUMS PAID: 9,999
 TOTAL MEMBERS: 9,999

** END OF REPORT **
 ** NO DATA THIS RUN **

2.8.27.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Amt Paid	Amount of HIPP premium payment	6	Decimal	T_HIPP_RESOURCE	AMT_PREMIUM
Carrier/Emp ID	Carrier and employer number of the insuring entity	7	Number	T_TPL_CARRIER	CDE_CARRIER, SAK_CARRIER
Case Head Name	Case Head name - last, first, middle initial Member name - last, first, middle initial	29	Char	T_RE_BASE	NAM_LAST
Case Number	The member's Case Number.	12	Number	T_RE_BASE	ID_MEDICAID
Check No	Check number of premium payment	9	Number	T_CHECK	NUM_CHECK
Employer Name	Employer Name	45	Char	T_TPL_CARRIER	NAM_BUS
Employer Number	Employer Identification Number	9	Number	T_TPL_CARRIER	SAK_CARRIER
HIPP Case No.	Case number associated with this HIPP payment	16	Char	T_TPL_RESOURCE	NUM_TPL_POLICY
Issue Dt	Date premium payment check was issued	8	Date (MM/DD/CCYY)	T_HIPP_RESOURCE	DTE_LAST_PAYMENT
Name	Carrier/Employer name from TPL Carrier table	45	Char	T_TPL_CARRIER	NAM_BUS
Number of Premiums Paid	Total number of premium payments in the report month	4	Number	N/A	CALCULATED
Period Beg Dt	The beginning date of the pay period provided on the check stub.	8	Number	T_HIPP_EXPEND_X REF	DTE_PAY_START

Field	Description	Length	Data Type	DB Table	DB Attributes
Period End Dt	The ending date of the pay period provided on the check stub.	8	Number	T_HIPP_EXPEND_X REF	DTE_PAY_END
Sched	Frequency schedule of premium payments for this policy - MO = monthly - QT = quarterly - SA = semiannually - AN = annu	2	Char	T_HIPP_RESOURCE	SCHED_CODE
Total Members	Unduplicated number of Members with HIPP premiums paid in the report month	4	Number	N/A	CALCULATED
Total Paid in Premiums	Total amount of premiums paid in the report month	8	Decimal	T_HIPP_RESOURCE	AMT_PREMIUM

2.8.27.5 Associated Programs

Program	Description
tpl0038m	HIPP Monthly Payment Detail Report, TPL-0038-M
lp	UNIX Print Command
COLD Report Storage and Indexing	COLD Report Storage and Indexing
tpl0038m	HIPP Monthly Payment Detail Report, TPL-0038-M
copy2crlld	CRLD copy

2.8.27.6 Associated Requirements

ID
30.020.004.002
30.050.001U
30.050.004.002.18

ID
30.050.004.002.6
30.090.004.002.21
30.090.004.003.1

2.8.27.7 Change Orders

ID	Name	Description
155	Recipient to Member - Reports	<p>System wide changes needs to be performed to change every instance of Recipient to Member where viewable by the user.</p> <p>This system wide change was identified during the Member Management RV and JAD sessions held on 06/13/2005 - 06/17/2005. During GSD review period, a number of standards were identified namely, changing DOB to Date of Birth, Provider ID to Provider Number, county code to 3 character positions, etc. These standard apply to all reports listed in this Change Order.</p>
3365	REL2-T_HIPP_EXPEND_XREF Batch	The table t_hipp_expend_xref will include the sak_short field as part of the primary key. Research and update batch code if necessary.

2.8.28 TPL-0039-M -- HIPP Members for Cost Effectiveness Review

The HIPP Members for Cost Effectiveness Review Report is system-generated monthly. The report criteria is based on the member's HIPP Case Re-evaluation date and lists those Members whose HIPP policies require a scheduled review of the cost-effectiveness of continuing premium payments.

2.8.28.1 Technical Name

TPL-0039-M

2.8.28.2 Sort Order

Policy Owner

2.8.28.3 HIPP Members for Cost Effectiveness Review Layout

Report : TPL-0039-M

COMMONWEALTH OF KENTUCKY

Run Date: MM/DD/CCYY

Process : TPL0039M

MEDICAID MANAGEMENT INFORMATION SYSTEM

Run Time: 99:99:99

Location: TPLJM039

HIPP MEMBERS FOR COST EFFECTIVENESS REVIEW

Page: 9999

REPORT PERIOD : MM/DD/CCYY - MM/DD/CCYY

MEMBER ID MEMBER NAME	CARRIER/EMP ID NAME	POLICY NO	PREMIUM AMOUNT	SCHEDULE REVIEW DT
XXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXX X	XXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	\$9,999.99	XX CCYY/MM/DD
XXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXX X	XXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	\$9,999.99	XX CCYY/MM/DD

SUMMARY

TOTAL POLICYHOLDERS: 9,999

** END OF REPORT **
** NO DATA THIS REPORT **

2.8.28.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
CARRIER/EMP ID	Carrier or employer number of the insuring entity	7	Number	T_TPL_CARRIER	CDE_CARRIER
MEMBER NAME	Member name - last, first, middle initial	29	Char	T_RE_BASE	NAM_LAST
Member ID	The member's Medicaid ID.	12	Number	T_RE_BASE	ID_MEDICAID
NAME	Carrier/Employer name from TPL Carrier table	45	Char	T_TPL_CARRIER	NAM_BUS
POLICY NO	Policy number associated with this HIPP payment	15	Number	T_TPL_RESOURCE	NUM_TPL_POLICY
PREMIUM AMOUNT	Amount of HIPP premium payment	6	Decimal	T_HIPP_RESOURCE	AMT_PREMIUM
REVIEW DATE	Date for cost-effectiveness review established on panel	8	Date (MM/DD/CCYY)	T_HIPP_RESOURCE	DTE_REVIEW
SCHEDULE	Frequency schedule of premium payments for this policy Monthly Quarterly Semiannually Annually	2	Char	T_HIPP_RESOURCE	SCHED_CODE
TOTAL POLICYHOLDERS	Total number of Members reported in report month	4	Number	N/A	CALCULATED

2.8.28.5 Associated Programs

Program	Description
lp	UNIX Print Command
COLD Report Storage and Indexing	COLD Report Storage and Indexing
tpl0039m	HIPP Members for Cost Effectiveness Review Report, TPL-0039-M

Program	Description
tpl0039m	HIPP Members for Cost Effectiveness Review Report, TPL-0039-M
copy2crlD	CRLD copy

2.8.28.6 Associated Requirements

ID
30.020.004.002
30.050.001U
30.050.004.002.18
30.050.004.002.6
30.090.004.002.21
30.090.004.003.1

2.8.28.7 Change Orders

ID	Name	Description
155	Recipient to Member - Reports	<p>System wide changes needs to be performed to change every instance of Recipient to Member where viewable by the user.</p> <p>This system wide change was identified during the Member Management RV and JAD sessions held on 06/13/2005 - 06/17/2005. During GSD review period, a number of standards were identified namely, changing DOB to Date of Birth, Provider ID to Provider Number, county code to 3 character positions, etc. These standard apply to all reports listed in this Change Order.</p>

2.8.29.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
City	City of policy holder	30	Char	T_POLICY_HOLDER	ADR_MAIL_CITY
Group Name	Group name of the insurance coverage	60	Char	T_CLM_SBR	NAM_INSURED_GROUP
Member ID	The member's Medicaid ID.	12	Number	T_RE_BASE	ID_MEDICAID
Member Name(first)	Member's first name	13	Char	T_RE_BASE	NAM_FIRST
Member Name(last)	Member's last name	15	Char	T_RE_BASE	NAM_LAST
Member Name(mid init)	Member's middle initial	1	Char	T_RE_BASE	NAM_MID_INIT
Other Payer Code	Code designating the type of carrier number (Other Payer Number)	2	Number	T_CLM_SBR	CDE_CARRIER
Other Payer Name	Name of carrier issuing the policy referred to by policy number	35	Char	T_CLM_SBR	NAM_BUS
Other Payer Number	Number of carrier issuing the policy referred to by policy number	75	Number	T_CLM_SBR	EIN
Policy Holder ADDR 1	Policy holder address line 1	55	Char	T_POLICY_HOLDER	ADR_MAIL_STRT1
Policy Holder ADDR 2	Policy holder address line 2	55	Char	T_POLICY_HOLDER	ADR_MAIL_STRT2
Policy Holder Name(first)	Policy holder's first name	13	Char	T_POLICY_HOLDER	NAM_FIRST
Policy Holder Name(last)	Policy holder's last name	15	Char	T_POLICY_HOLDER	NAM_LAST

Field	Description	Length	Data Type	DB Table	DB Attributes
Policy Holder Name(mid init)	Policy holder's middle initial	1	Char	T_POLICY_HOLDER	NAM_MID_INIT
Policy Number	Policy number of the insurance policy covering the Member	16	Char	T_TPL_RESOURCE	NUM_TPL_POLICY
REL Code	Code indicating the relationship between two individuals or entities	1	Char	T_TPL_RESOURCE	CDE_RELATION
State	State of policy holder	2	Char	T_POLICY_HOLDER	ADR_MAIL_STATE
Zip Code	Zip code of policy holder	15	Char	T_POLICY_HOLDER	ADR_MAIL_ZIP

2.8.29.5 Associated Programs

Program	Description
lp	UNIX Print Command
copy2routedir	Copy Reports to Router
tpl0040w	837 Discrepancy Report, TPL-0040-W

2.8.29.6 Associated Requirements

ID
30.020.002.009
30.050.001U
30.050.004.002.6
30.050.004.002.8
30.090.004.002.13
30.090.004.003.1

2.8.29.7 Change Orders

ID	Name	Description
155	Recipient to Member - Reports	<p>System wide changes needs to be performed to change every instance of Recipient to Member where viewable by the user.</p> <p>This system wide change was identified during the Member Management RV and JAD sessions held on 06/13/2005 - 06/17/2005. During GSD review period, a number of standards were identified namely, changing DOB to Date of Birth, Provider ID to Provider Number, county code to 3 character positions, etc. These standard apply to all reports listed in this Change Order.</p>
7103	TPL-0040-W	<p>When trying to test the TPL-0040-W a member of the EDI team entered an 837P that paid to fit the criteria of the TPL-0040-W and it did not report. ICN used to the test was 2007082065386</p>

2.8.30 TPL-0042-Q -- HIPP Cost-Effectiveness - Quarterly Analysis

The HIPP Cost-Effectiveness - Quarterly Analysis Report provides an overview of activity and the potential cost savings impact of the HIPP Program.

2.8.30.1 Technical Name

TPL-0042-Q

2.8.30.2 Sort Order

N/A – Totals Only

2.8.30.3 HIPP Cost-Effectiveness - Quarterly Analysis Layout

Report : TPL-0042-Q	COMMONWEALTH OF KENTUCKY	Run Date: MM/DD/CCYY
Process : TPLJQ003	MEDICAID MANAGEMENT INFORMATION SYSTEMS	Run Time: 99:99:99
Location: TPLQ0042	HIPP COST-EFFECTIVENESS - QUARTERLY ANALYSIS	Page: 9999
	REPORT PERIOD : MM/DD/CCYY - MM/DD/CCYY	

TOTAL NO. NEW HIPP POLICIES ENTERED	9,999
TOTAL NO. NEW HIPP POLICIES DETERMINED COST-EFFECTIVE	9,999

TOTAL HIPP POLICIES IN EFFECT	999,999
TOTAL MEMBERS AVG ANNUAL MA EXPENDITURES FROM HIPP CALCULATIONS	\$999,999.99

POTENTIAL COST SAVINGS	\$999,999,999.99
------------------------	------------------

** END OF REPORT **
** NO DATA THIS REPORT **

2.8.30.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
POTENTIAL COST SAVINGS	The calculation of (the total Members average annual expenditures) minus (the total policy annual purchase cost x 2) equals the potential cost savings	15	Decimal	N/A	CALCULATED
TOTAL HIPP POLICIES IN EFFECT	Total number of HIPP policies in effect at quarter end	6	Number	N/A	CALCULATED
TOTAL MEMBERS AVG ANNUAL MA EXPENDITURES FROM HIPP CALCULATIONS	From Average Annual Expenditure on HIPP Premium Payment window, the average annual expenditures for all active HIPP Members. (This is from the "Average Expenditure Matrix" on the HIPP Calculation window.)	11	Number	N/A	CALCULATED
TOTAL NO NEW HIPP POLICIES DETERMINED COST-EFFECTIVE	Of the new HIPP policies entered, those which were determined to be cost-effective	5	Number	N/A	CALCULATED
TOTAL NO NEW HIPP POLICIES ENTERED	Total number of new HIPP policies entered into the system this quarter for initial cost-effectiveness determination	4	Number	N/A	CALCULATED
TOTAL POLICY ANNUAL PURCHASE COST X 2	From HIPP Calculation window, the total of all active Members' annual policy purchase cost multiplied by two (2).	11	Decimal	N/A	CALCULATED

2.8.30.5 Associated Programs

Program	Description
tpl0042q	HIPP Cost-Effectiveness - Quarterly Review Report, TPL-0042-Q
lp	UNIX Print Command
COLD Report Storage and Indexing	COLD Report Storage and Indexing

2.8.30.6 Associated Requirements

ID
30.020.004.002
30.050.004.002.18
30.050.004.002.6
30.090.004.002.21
30.090.004.003.1

2.8.30.7 Change Orders

ID	Name	Description
155	Recipient to Member - Reports	<p>System wide changes needs to be performed to change every instance of Recipient to Member where viewable by the user.</p> <p>This system wide change was identified during the Member Management RV and JAD sessions held on 06/13/2005 - 06/17/2005. During GSD review period, a number of standards were identified namely, changing DOB to Date of Birth, Provider ID to Provider Number, county code to 3 character positions, etc. These standards apply to all reports listed in this Change Order.</p>

Field	Description	Length	Data Type	DB Table	DB Attributes
Case Head Name	Name of the Case Head Name	34	Char	T_RE_CASE	NAM_LAST
HIPP Case Number	The potential HIPP policy number.	9	Number	T_TPL_HIPP_XREF	SAK_HIPP
MMIS Case Number	MMIS unique number for claim	9	Char	T_RE_CASE	NUM_CASE

2.8.31.5 Associated Programs

Program	Description
tpl0044w	HIPP Policies for Follow-Up Report, TPL-0044-W
lp	UNIX Print Command
copy2routedir	Copy Reports to Router

2.8.31.6 Associated Requirements

ID
30.020.004.002
30.050.001U
30.050.004.002.18
30.050.004.002.6
30.090.004.002.21
30.090.004.003.1

2.8.31.7 Change Orders

ID	Name	Description
155	Recipient to Member - Reports	<p>System wide changes need to be performed to change every instance of Recipient to Member where viewable by the user.</p> <p>This system wide change was identified during the Member Management RV and JAD sessions held on 06/13/2005 - 06/17/2005. During GSD review period, a number of standards were identified namely, changing DOB to Date of Birth, Provider ID to Provider Number, county code to 3 character positions, etc. These standards apply to all reports listed in this Change Order.</p>

2.8.32 TPL-0050-D -- HIPP Policy Cost Effectiveness Summary

This report provides information regarding HIPP policies being evaluated for cost effectiveness. It summarizes by policy and recommendation, the expected annual expenditures for HIPP and Medicaid. It also identifies potential net savings for each policy evaluated by the daily cost-effectiveness automated process.

2.8.32.1 Technical Name

TPL-0050-D

2.8.32.2 Sort Order

HIPP Ctrl Number

2.8.32.3 HIPP Policy Cost Effectiveness Summary Layout

```

Report : TPL-0050-D          COMMONWEALTH OF KENTUCKY          Run Date: MM/DD/CCYY
Process : TPLJD050          MEDICAID MANAGEMENT INFORMATION SYSTEMS  Run Time: 99:99:99
Location: TPL0050D          HIPP POLICY COST-EFFECTIVENESS SUMMARY    Page: 9999
                             AS OF MM/DD/CCYY

```

HIPP CTRL NUM	MMIS CASE NUM	CASE HEAD NAME	RECOMMENDATION	STATUS	EXPECTED ANNUAL EXPENSES			USER ID
					MEDICAID	HIPP	NET SAVING	
XXXXXXXXXXXX	999999999	XXXXXXXXXXXXXXXXXXXX, XXXXXXXX	XXXXXXXXXXXXXXXXXXXX	X	999,999.99	999,999.99	999,999.99	XXXXXXXXXX
NUMBER OF POLICIES RECOMMENDED TO APPROVE:					999,999,999			
NUMBER OF POLICIES RECOMMENDED TO DENY:					999,999,999			
TOTAL POLICIES EVALUATED:					999,999,999			

** END OF REPORT **
 ** NO DATA THIS RUN **

2.8.32.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Case Head Name	This is the policyholder's last name, first name and middle initial.	31	Char	T_RE_CASE	NAM_LAST+NAM_FIRST+NAM_MID_INIT
Expected Annual Medicaid	This is the anticipated Medicaid expense incurred on an annual basis if the policy is bought in through HIPP.	8	Number	N/A	CALCULATED

Field	Description	Length	Data Type	DB Table	DB Attributes
Expenses HIPP	This is the anticipated Medicaid expense incurred on an annual basis if the policy is bought in through HIPP.	8	Number	T_HIPP_RESOURCE	CALCULATED
HIPP Control Number	This is the control number for HIPP	9	Number	T_HIPP_RESOURCE	SAK_HIPP
MMIS Case Number	This is the system-assigned policyholder's HIPP participant identification number for the policy under review.	9	Char	T_RE_CASE	NUM_CASE
Net Savings	This is the difference between the total expected annual Medicaid claims expense and the total expected annual HIPP expense. A negative amount in this field indicates no savings to the HIPP program.	8	Number	N/A	CALCULATED
Number of Policies Approve	This is the number of policies reviewed and recommended to "buy" for this cycle.	9	Number	T_TPL_RESOURCE	CALCULATED
Number of Policies Deny	This is the number of policies reviewed and recommended to "not to buy" for this cycle.	9	Number	T_TPL_RESOURCE	CALCULATED
Recommendation	This is the system's recommendation based on the cost-effectiveness formula to buy or not buy the policy.	15	Char	N/A	CALCULATED

Field	Description	Length	Data Type	DB Table	DB Attributes
Status	This field contains the review status of the policy after the generation of the current buy/don't buy recommendation.	1	Char	T_HIPP_RESOURCE	IND_HIPP_PURCHASE
Total Policies Evaluated	This is the total number of policies reviewed for this cycle date.	9	Number	N/A	CALCULATED
User ID	This is the HIPP policy id.	25	Char	T_TPL_RESOURCE	NUM_TPL_POLICY

2.8.32.5 Associated Programs

Program	Description
tpl0050d	HIPP Policy Cost-Effectiveness Summary Report, TPL-0050-D
copy2routedir	Copy Reports to Router

2.8.32.6 Associated Requirements

ID
30.020.004.002
30.050.004.002.18
30.050.004.002.6
30.090.004.002.21
30.090.004.003.1

2.8.32.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.33 TPL-0071-M -- Medicare Recovery

Report that accompanies the refund request letters to the providers regarding Medicare Part A retroactive eligibility.

2.8.33.1 Technical Name

TPL-0071-M

2.8.33.2 Sort Order

Provider ID

2.8.33.3 Medicare Recovery Layout

Report : TPL-0071-M
Process : TPLJM051
Location: TPL0051M

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICARE RECOVERY REPORT

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 9999

PAY TO PROVIDER: 999999999

PROVIDER TYPE: XX

MEMBER ID: XXXXXXXXXXXXX

MEDICARE HIC ID: XXXXXXXXXXXXX

MEMBER NAME: XXXXXXXXXXXXXXXX, XXXXXXXXXXXX X

ICN	RA#	DATES OF SERVICE FROM TO	DATE PAID	SUBMITTED CHARGE	PAID/RECOUP AMOUNT
XXXXXXXXXXXXXX	999999999	MM/DD/CCYY - MM/DD/CCYY	MM/DD/CCYY	\$ZZ,ZZZ,ZZZ.99	\$ZZ,ZZZ,ZZZ.99
XXXXXXXXXXXXXX	999999999	MM/DD/CCYY - MM/DD/CCYY	MM/DD/CCYY	\$ZZ,ZZZ,ZZZ.99	\$ZZ,ZZZ,ZZZ.99
XXXXXXXXXXXXXX	999999999	MM/DD/CCYY - MM/DD/CCYY	MM/DD/CCYY	\$ZZ,ZZZ,ZZZ.99	\$ZZ,ZZZ,ZZZ.99

****SUBTOTAL PER MEMBER ID: ZZZZZ9 \$ZZ,ZZZ,ZZ9.99 \$ZZ,ZZZ,ZZ9.99

****TOTAL PER PROVIDER NUMBER: ZZZZZ9 \$ZZ,ZZZ,ZZ9.99 \$ZZ,ZZZ,ZZ9.99

END OF REPORT
NO DATA THIS RUN

2.8.33.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Date Paid	Date claim was paid	8	Date (MM/DD/CCYY)	T_HIST_DIRECTORY	DTE_PAID
Dates of Service (From)	Beginning date of service	8	Date (MM/DD/CCYY)	T_PD_PHYS_HDR	DTE_FIRST_SVC
Dates of Service (To)	Ending date of service	8	Date (MM/DD/CCYY)	T_PD_PHYS_HDR	DTE_LAST_SVC
ICN	Internal claim number	13	Char	T_HIST_DIRECTORY	NUM_ICN
Medicare HIC Number	Medicare ID of the Member	11	Char	T_RE_HIB	ID_MEDICARE
Member Id	Medicaid ID of the Member	12	Char	T_RE_BASE	ID_MEDICAID
Member Name (First)	First name of the Member	11	Char	T_RE_BASE	NAM_FIRST
Member Name (Last)	Last name of the Member	16	Char	T_RE_BASE	NAM_LAST
Member Name (MI)	Middle initial of the Member	1	Char	T_RE_BASE	NAM_MID_INIT
Paid/Recoup Amt	Amount paid by Medicaid	10	Number (Decimal)	T_CLM_PGM_XREF	AMT_PAID
Pay To Provider	Medicaid ID of the Pay To Provider	9	Char	T_PR_PROV	ID_PROVIDER
Provider Type	Type of the provider	2	Char	T_PR_SPEC	CDE_PROV_TYPE
RA#	Remittance Advice number	9	Number	T_FIN_REMIT_TXN_XREF	SAK_REMIT
Submitted Charge	Amount submitted by the provider	10	Number (Decimal)	N/A	CALCULATED

Field	Description	Length	Data Type	DB Table	DB Attributes
Subtotal Claims per Member ID	Total number of claims for the member	9	Number	N/A	CALCULATED
Subtotal Paid/Recoup Amount per Member ID	Accumulated total amount paid by Medicaid	11	Number (Decimal)	N/A	CALCULATED
Subtotal Submitted Charge Amount per Member ID	Accumulated total amount charged by the member	11	Number (Decimal)	N/A	CALCULATED
Total Claims per Provider Number	Total number of claims for the provider	9	Number	N/A	CALCULATED
Total Paid/Recoup Amount per Provider Number	Accumulated total amount paid by Medicaid	11	Number (Decimal)	N/A	CALCULATED
Total Submitted Charge Amount per Provider Number	Accumulated total amount charged by the provider	11	Number (Decimal)	N/A	CALCULATED

2.8.33.5 Associated Programs

Program	Description
tpl0071m	Medicare Recovery Report, TPL-0071-M
sed	Unix command stream editor
lp	UNIX Print Command
tpl0072m	Medicare Part A and Medicare Part B DMERC Rebillings

Program	Description
tpl0071m	Medicare Recovery Report, TPL-0071-M
tpl0071m	Medicare Recovery Report, TPL-0071-M
sed	Unix command stream editor
copy2routedir	Copy Reports to Router
tpl0071m	Medicare Recovery Report, TPL-0071-M
sed	Unix command stream editor
lp	UNIX Print Command

2.8.33.6 Associated Requirements

ID
30.020.001
30.020.002.009
30.020.004.001
30.050.001U
30.050.004.002.6
30.050.004.002.7
30.090.004.003.1

2.8.33.7 Change Orders

ID	Name	Description
155	Recipient to Member - Reports	<p>System wide changes needs to be performed to change every instance of Recipient to Member where viewable by the user.</p> <p>This system wide change was identified during the Member Management RV and JAD sessions held on 06/13/2005 - 06/17/2005. During GSD review period, a number of standards were identified namely, changing DOB to Date of Birth, Provider ID to Provider Number, county code to 3 character positions, etc. These standard apply to all reports listed in this Change Order.</p>
584	Medicare Part A	Remove type of claim and add RA number in TPL-0071-M report.

2.8.34 TPL-0081-W -- Questionnaires With No Response By Member

List of members to whom an accident/trauma questionnaire has been sent but a response has not been received within a specific time-frame. This report is sorted by member id.

2.8.34.1 Technical Name

TPL-0081-W

2.8.34.2 Sort Order

Date of Service

2.8.34.3 Questionnaires With No Response By Member Layout

Report : TPL-0081-W

Process : TPL0081W

Location: TPLJW081

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
QUESTIONNAIRES WITH NO RESPONSE BY MEMBER
CYCLE: MM/DD/CCYY

Run Date: MM/DD/CCYY

Run Time: 99:99:99

Page: 9999

MEMBER ID	MEMBER NAME	COUNTY	DATE OF SERVICE	ACC IND	PRIMARY DIAGNOSIS	SECONDARY DIAGNOSIS	DATE OF FIRST LETTER	DATE OF SECOND LETTER
XXXXXXXXXXXX	XXXXXXXXXXXXXXXX, XXXXXXXXXXX X	XXX	CCYY/MM/DD	X	XXXXXXX	XXXXXXX	CCYY/MM/DD	CCYY/MM/DD

**END OF REPORT **
** NO DATA THIS RUN **

2.8.34.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Acc Ind	Indicator for an accident on the claim	1	Char	T_PD_PHYS_HDR	IND_ACCIDENT
County	County code(2 bytes) and code office (1 byte)	3	Char	T_RE_BASE	CDE_COUNTY
Date of First Letter	Date first letter was sent	8	Date (MM/DD/CCYY)	T_LTR_RQST_TRK	DTE_SENT

Field	Description	Length	Data Type	DB Table	DB Attributes
Date of Second Letter	Date second letter was sent (can be blank)	8	Date (MM/DD/CCYY)	T_LTR_RQST_TRK	DTE_SENT
Date of Service	Beginning date of service rendered by the provider	8	Date (MM/DD/CCYY)	T_HIST_DIRECTORY	DTE_FIRST_SVC
Member ID	The member's Medicaid ID.	12	Char	T_RE_BASE	ID_MEDICAID
Member Name (First)	First name of the Member	11	Char	T_RE_BASE	NAM_FIRST
Member Name (Last)	Last name of the Member	15	Char	T_RE_BASE	NAM_LAST
Member Name (MI)	Middle initial of the Member	1	Char	T_RE_BASE	NAM_MID_INIT
Primary Diagnosis	Primary Diagnosis code on the claim	7	Char	T_CLM_DIAG_XREF	CDE_DIAG
Secondary Diagnosis	Secondary Diagnosis code on the claim	7	Char	T_CLM_DIAG_XREF	CDE_DIAG

2.8.34.5 Associated Programs

Program	Description
tpl0083w	Produce input file used by tpl0081w and tpl0082w
otsortd	Sort - UNIX
otsortd	Sort - UNIX

2.8.34.6 Associated Requirements

ID
30.020.002.008

ID
30.050.001U
30.050.004.002.6
30.090.004.003.1

2.8.34.7 Change Orders

ID	Name	Description
155	Recipient to Member - Reports	<p>System wide changes need to be performed to change every instance of Recipient to Member where viewable by the user.</p> <p>This system wide change was identified during the Member Management RV and JAD sessions held on 06/13/2005 - 06/17/2005. During GSD review period, a number of standards were identified namely, changing DOB to Date of Birth, Provider ID to Provider Number, county code to 3 character positions, etc. These standards apply to all reports listed in this Change Order.</p>
4420	TPL-0081-w and TPL-0082-	TPL-0081M is called 0081-M in PWB and in OnBase the report is called 0081-W. The report column heading has Member ID on PWB and Current ID in OnBase. In PWB report is called TPL-0082-M and in OnBase the report is called TPL-0082-W. OnBase has Cycle: 10/05/2006 in the heading and PWB does not.

2.8.35 TPL-0082-W -- Questionnaires With No Response By County

List of members to whom an accident/trauma questionnaire has been sent but a response has not been received within a specific time-frame. This report is sorted by county code with totals per county code.

2.8.35.1 Technical Name

TPL-0082-W

2.8.35.2 Sort Order

County, Clerk ID

2.8.35.3 Questionnaires With No Response By County Layout

Report : TPL-0082-W

Process : TPL0082W

Location: TPLJW082

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
QUESTIONNAIRES WITH NO RESPONSE BY COUNTY
CYCLE: MM/DD/CCYY

Run Date: MM/DD/CCYY

Run Time: 99:99:99

Page: 9999

COUNTY: XX

MEMBER ID	MEMBER NAME	COUNTY	DATE OF SERVICE	ACC IND	PRIMARY DIAGNOSIS	SECONDARY DIAGNOSIS	DATE OF FIRST LETTER	DATE OF SECOND LETTER
XXXXXXXXXXXXX	XXXXXXXXXXXXXXXXX, XXXXXXXXXXXXX X	XXX	CCYY/MM/DD	X	XXXXXXX	XXXXXXX	CCYY/MM/DD	CCYY/MM/DD
XXXXXXXXXXXXX	XXXXXXXXXXXXXXXXX, XXXXXXXXXXXXX X	XXX	CCYY/MM/DD	X	XXXXXXX	XXXXXXX	CCYY/MM/DD	CCYY/MM/DD

TOTAL MEMBERS FROM COUNTY OF XXX: 99,999

** END OF REPORT **

** NO DATA THIS RUN **

2.8.35.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Acc Ind	Indicator for an accident on the claim	1	Char	T_PD_PHYS_HDR	IND_ACCIDENT

Field	Description	Length	Data Type	DB Table	DB Attributes
County	County code(2 bytes) and code office (1 byte)	3	Char	T_RE_BASE	CDE_COUNTY
Date of First Letter	Date the first letter was sent	8	Date (MM/DD/CCYY)	T_LTR_RQST_TRK	DTE_SENT
Date of Second Letter	Date the second letter was sent (can be blank).	8	Date (MM/DD/CCYY)	T_LTR_RQST_TRK	DTE_SENT
Date of Service	Beginning date of service	8	Date (MM/DD/CCYY)	T_HIST_DIRECTORY	DTE_FIRST_SVC
Member ID	The member's Medicaid ID.	12	Char	T_RE_BASE	ID_MEDICAID
Member Name (First)	First name of the Member	11	Char	T_RE_BASE	NAM_FIRST
Member Name (Last)	Last name of the Member	15	Char	T_RE_BASE	NAM_LAST
Member Name (MI)	Middle initial of the Member	1	Char	T_RE_BASE	NAM_MID_INIT
Primary Diagnosis	Primary diagnosis code	7	Char	T_CLM_DIAG_XREF	CDE_DIAG
Secondary Diagnosis	Secondary diagnosis code. Use in conjunction with CDE_DIAG_SEQ	7	Char	T_CLM_DIAG_XREF	CDE_DIAG
Total Members from County	Accumulated number of Members per county	4	Number	N/A	CALCULATED

2.8.35.5 Associated Programs

Program	Description
tpl0082w	Questionnaires with No Response by County, TPL-0082-W
tpl0082m	Create Questionnaires with No Response by County
lp	UNIX Print Command
copy2routedir	Copy Reports to Router

2.8.35.6 Associated Requirements

ID
30.020.002.008
30.050.001U
30.050.004.002.6
30.090.004.003.1

2.8.35.7 Change Orders

ID	Name	Description
155	Recipient to Member - Reports	<p>System wide changes needs to be performed to change every instance of Recipient to Member where viewable by the user.</p> <p>This system wide change was identified during the Member Management RV and JAD sessions held on 06/13/2005 - 06/17/2005. During GSD review period, a number of standards were identified namely, changing DOB to Date of Birth, Provider ID to Provider Number, county code to 3 character positions, etc. These standard apply to all reports listed in this Change Order.</p>
4420	TPL-0081-w and TPL-0082-	<p>TPL-0081M is called 0081-M in PWB and in OnBase the report is called 0081-W. The report column heading has Member ID on PWB and Current ID in OnBase. In PWB report is called TPL-0082-M and in OnBase the report is called TPL-0082-W. OnBase has Cycle: 10/05/2006 in the heading and PWB does not.</p>

2.8.36 TPL-0250-W -- HIPP Automated Billing Statement Creation Summary

This report summarizes all billing details on the Policy File that have been added to the Billing Statement File during the weekly cycle. This summary provides a record of those auto generated billing details.

2.8.36.1 Technical Name

TPL-0250-W

2.8.36.2 Sort Order

Payee ID

2.8.36.3 HIPP Automated Billing Statement Creation Summary Layout

```

Report   : TPL-0250-W                COMMONWEALTH OF KENTUCKY           Run Date: MM/DD/CCYY
Process  : TPLJW250                 MEDICAID MANAGEMENT INFORMATION SYSTEMS       Run Time:   99:99:99
Location: TPL0250W                 HIPP AUTOMATED BILLING STATEMENT CREATION SUMMARY   Page:      9999
                                      REPORT PERIOD : MM/DD/CCYY - MM/DD/CCYY
  
```

PAYEE ID	PAYEE TYPE	BILLING STATEMENT ID	EXPENDITURE ID	DUE DATE	AMOUNT DUE	PAYMENT FREQUENCY	NEXT DUE DATE	COMMENTS
XXXXXXXXXXXX	X	XXXXXXXXXX-XXXX	XXXXXXXXXX	MM/DD/YY	999,999.99	XXXXXXXXXXXX	MM/DD/YY	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

** END OF REPORT **
 ** NO DATA THIS RUN **

2.8.36.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Amount Due	This is the amount of the premium payment for a specific policy.	8	Char	T_HIPP_RESOURCE	AMT_PREM_PRD
Billing Statement ID	This is the identification number of the billing statement which has been auto-generated in payment for a premium due on a specific HIPP policy. This ID number is the policy ID and a four-digit system-assigned sequence number which ensures uniqueness.	14	Char	N/A	CALCULATED

Field	Description	Length	Data Type	DB Table	DB Attributes
Comments	This is a specific reason a billing statement record could or could not be processed. 1) Message "Record Added" displays when a billing statement record has been successfully created; 2) Message "Added/W/Payee Status Error" displays when a billing statement record has been created, but a payee status error exists; 3) Message "Record Not Added - Detail Error" displays when the policy's due date corresponds to a billing detail which is either not active or has a billing method other than "A" (auto-generate).	30	Char	N/A	CALCULATED
Due Date	This is the date the next premium payment is due to the HIPP payee.	6	Char	T_HIPP_RESOURCE	DTE_DUE
Expenditure ID	This is the expenditure ID created in the financial subsystem.	9	Char	T_EXPENDITURE	SAK_EXPENDITUR E
Next Due Date	This is the date that the premium payment is system-generated in order to meet the premium due date.	6	Char	T_HIPP_RESOURCE	CALCULATED
Payee ID	This is the carrier number or the HIPP participant ID identifying the HIPP payee (employer, insurance company, or participant) who will be receiving the HIPP payment.	12	Char	N/A	CALCULATED

Field	Description	Length	Data Type	DB Table	DB Attributes
Payee Type	This identifies the specific type of HIPP payee. Values: I=Insurance Company; E=Employer; P=HIPP Participant.	1	Char	T_HIPP_RESOURCE	CDE_ENTITY
Payment Frequency	This indicates how often premium payments are due to the HIPP payee. Frequency can be: Weekly, Bi-weekly, Semi-monthly, Monthly, Quarterly, Annually, Other.	12	Char	T_HIPP_RESOURCE	SCHED_CODE

2.8.36.5 Associated Programs

Program	Description
tpl0250w	HIPP Automated Billing Statement Creation Summary, TPL-0250-W
copy2routedir	Copy Reports to Router

2.8.36.6 Associated Requirements

ID
30.020.004.002
30.050.004.002.18
30.050.004.002.6
30.090.004.002.21
30.090.004.003.1

2.8.36.7 Change Orders

ID	Name	Description
3365	REL2-T_HIPP_EXPEND_XREF Batch	The table t_hipp_expend_xref will include the sak_short field as part of the primary key. Research and update batch code if necessary.
7908	Do not produce TPL-250, 260 rpt	Kentucky will not be automating payments for HIPP Resource payments therefore the TPL-0250-W and TPL-0260-W reports will not be produced at this time.

2.8.37 TPL-0260-W -- HIPP Billing Statement Exception

This report identifies billing statements that cannot be processed to completion due to invalid funding information (invalid or missing PCA or Category Of Service), and invalid payee status (payee not authorized to receive a premium payment) or the payment amount not entirely covering a request recoupment. The recoupment amount deducted, the outstanding recoupment amount, as well as an error message are displayed when the funds do not fully cover a requested recoupment. One line of this report is generated for each billing statement that cannot be processed to completion.

2.8.37.1 Technical Name

TPL-0260-W

2.8.37.2 Sort Order

Payee ID

2.8.37.3 HIPP Billing Statement Exception Layout

Report : TPL-0260-W
Process : TPLJW260
Location: TPLXXXXW

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEMS
HIPP BILLING STATEMENT EXCEPTION REPORT
REPORT PERIOD : MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 9999

PAYEE ID	PAYEE NAME	BILLING STMT ID	EXENDITURE ID	AMT RECOUPED	OUTST RECOUP AMT	ERROR MESSAGE
XXXXXXXXXX	XX	999999999 -9999	999999999	\$99999.99	\$99999.99	XXXXXXXXXXXXXXXXXXXXXXXXXXXX

** END OF REPORT **
** NO DATA THIS RUN **

2.8.37.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Amt Recouped	This is the amount withheld from the premium payment amount to reconcile an overpayment made to the HIPP payee.	7	Number	N/A	CALCULATED FIELD
Billing Stmt ID	This is the HIPP policy number and a system-assigned sequence number.	13	Char	N/A	CALCULATED FIELD

Field	Description	Length	Data Type	DB Table	DB Attributes
Error Message	This is the specific reason the billing statement could not be processed to completion. 1) Message "Recoup Not Processed" displays when the premium payment amount does not entirely cover the requested recoupment amount; 2) Message "Invalid Funding Info" displays when the program cost amount (PCA) or category of service (COS) is invalid or missing.	21	Char	N/A	HARDCODED
Expenditure ID	This is expenditure created for the HIPP payment.	9	Char	T_HIPP_EXPEND_XREF	SAK_EXPENDITURE
Outst Recoup Amt	This is the recoupment amount that exceeded the premium payment amount and could not be withheld to reconcile an overpayment made to the HIPP payee.	7	Number	N/A	CALCULATED FIELD
Payee Id	This is the carrier number or the HIPP participant ID that uniquely identifies the insurance company, employer, or HIPP participant for whom the billing statement which could not be processed to completion. This is dependent upon CDE_ENTITY in this table to determine the ID to display.	9	Char	T_HIPP_RESOURCE	SEE DESCRIPTION

Field	Description	Length	Data Type	DB Table	DB Attributes
Payee Name	This is the name of the insurance company, employer, or HIPP participant who relates to the billing statement which could not be processed to completion.	37	Char	T_HIPP_RESOURCE	NAM_CONTACT

2.8.37.5 Associated Programs

Program	Description
xmlpunld	Generate a hierarchical xml data stream from a query tree
cat	Concatenate
xmlpunld	Generate a hierarchical xml data stream from a query tree
cat	Concatenate
xmlpunld	Generate a hierarchical xml data stream from a query tree
xmlpunld	Generate a hierarchical xml data stream from a query tree
tpl0260w	HIPP Billing Statement Exception Report, TPL-0260-W
copy2routedir	Copy Reports to Router
xmlpunld	Generate a hierarchical xml data stream from a query tree
xmlpunld	Generate a hierarchical xml data stream from a query tree
cat	Concatenate

2.8.37.6 Associated Requirements

ID
30.020.004.002

ID
30.050.004.002.18
30.050.004.002.6
30.090.004.002.21
30.090.004.003.1

2.8.37.7 Change Orders

ID	Name	Description
3365	REL2-T_HIPP_EXPEND_XREF Batch	The table t_hipp_expend_xref will include the sak_short field as part of the primary key. Research and update batch code if necessary.
7908	Do not produce TPL-250, 260 rpts	Kentucky will not be automating payments for HIPP Resource payments therefore the TPL-0250-W and TPL-0260-W reports will not be produced at this time.

2.8.38 TPL-0270-W -- HIPP Remittance Advice

This report identifies detailed premium payment information which includes premium payment, recoupment and non-cash recoupment amounts for HIPP. Remittance advices are produced and mailed weekly.

2.8.38.1 Technical Name

TPL-0270-W

2.8.38.2 Sort Order

Check Number

For readability, the report layout displays on the next page.

2.8.38.3 HIPP Remittance Advice Layout

```
( SENT DATE )

( CASE HEAD'S NAME )
( CASE HEAD'S ADDR )
( CASE HEAD'S ADDR 2 )
( CASE HEAD'S CITY ) , ( CASE HEAD'S ST ) ( CASE HEAD'S ZIP )

KENTUCKY HEALTH INSURANCE
PREMIUM PAYMENT PROGRAM
REMITTANCE STATEMENT

NOTE: IF A CHANGE HAS OCCURRED IN EMPLOYMENT STATUS, INSURANCE COVERAGE OR
IF YOU ARE NOT DUE THIS MONEY, PLEASE CALL THE HIPP UNIT AT 1-800-967-4660

( MEMBER ID )
GROUP NUMBER: ( GROUP NUM ) HIPP NUMBER: ( HIPP ID )
POLICY NUMBER: ( POLICY NUM )

POLICY HOLDER: ( POLICY NAME )
                ( POLICY ADDR 1 )
                ( POLICY ADDR 2 )
                ( POLICY CITY ) , ( POLICY ST ) ( POLICY ZIP )
POLICY HOLDER SSN: ( POLICY SSN )

INSURANCE COMPANY: ( INS NAME )
                   ( INS ADDR 1 )
                   ( INS ADDR 2 )
                   ( INS CITY ) , ( INS ST ) ( INS ZIP )
INS. CO. TAX ID: ( INS TAX ID )

EMPLOYER: ( EMPLOYER NAME )
           ( EMPLOYER ADDR 1 )
           ( EMPLOYER ADDR 2 )
           ( EMPLOYER CITY ) , ( EMPLOYER ST ) ( EMPLOYER ZIP )
EMPLOYER TAX ID: ( EMPLOYER TAX ID )

PREMIUM AMOUNT APPROVED: ( PREM AMT )
PREMIUM FREQUENCY: ( PREM FREQUENCY )

THE ENCLOSED CHECK IS FOR PAYMENT OF PREMIUMS FOR THE FOLLOWING DATES
( PREMIUM DATE 1 )
( PREMIUM DATE 2 )
( PREMIUM DATE 3 )
( PREMIUM DATE 4 )

CARRIER ID NUMBER ( CARRIER ID )
1099 IND: ( 1099 IND )
TOTAL AMOUNT DUE: ( TTL DUE )

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT EDS THIRD PARTY LIABILITY UNIT AT
800-807-1459.

SINCERELY,

EDS
FISCAL AGENT FOR KY, MEDICAID
THIRD PARTY LIABILITY UNIT
P. O. BOX 2107
FRANKFORT, KY 40602-2107
800-807-1459
502-209-3000
```

2.8.38.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
1099 IND	1099 exemption indicator	1	Char	T_EXPENDITURE_SUP P_DTL	IND_1099_EXEMPT
CARRIER ID	Insurance company's carrier identification	7	Char	T_TPL_CARRIER	CDE_CARRIER
CASE HEAD'S ADDR	Case head's address (first line)	30	Char	T_RE_BASE	ADR_STREET_1
CASE HEAD'S ADDR 2	Case head's address (second line) [omit if blank]	30	Char	T_RE_BASE	ADR_STREET_2
CASE HEAD'S CITY	Case head's city	18	Char	T_RE_BASE	ADR_CITY
CASE HEAD'S NAME	Case head's (i.e., "head-of-household") last name followed by a comma followed by the first name followed by the middle initial with spaces as needed	38	Char	T_RE_CASE	NAM_LAST,NAM_FIRST,NA M_MID_INIT
CASE HEAD'S ST	Case head's state	2	Char	T_RE_BASE	ADR_STATE
CASE HEAD'S ZIP	Case head's 5+4 zipcode [dash separated; if +4 is blank, omit the dash]	10	Char	T_RE_BASE	ADR_ZIP_CODE,ADR_ZIP_C ODE_4

Field	Description	Length	Data Type	DB Table	DB Attributes
EMPLOYER ADDR 1	Employer's address (first line)	55	Char	T_TPL_EMPLOYER	ADR_MAIL_STRT1
EMPLOYER ADDR 2	Employer's address (second line) [omit if blank]	55	Char	T_TPL_EMPLOYER	ADR_MAIL_STRT2
EMPLOYER CITY	Employer's city	30	Char	T_TPL_EMPLOYER	ADR_MAIL_CITY
EMPLOYER NAME	Employer's name	39	Char	T_TPL_EMPLOYER	NAM_BUS
EMPLOYER ST	Employer's state Employer's state	2	Char	T_TPL_EMPLOYER	ADR_MAIL_STATE
EMPLOYER TAX ID	Employer's tax identification	9	Char	T_TPL_EMPLOYER	EIN
EMPLOYER ZIP	Employer's zip 5+4 zipcode [dash separated; if +4 is blank, omit the dash]	10	Char	T_TPL_EMPLOYER	ADR_MAIL_ZIP,ADR_MAIL_ZIP_4
GROUP NUM	Case head's group number	16	Char	T_TPL_RESOURCE	NUM_GROUP
HIPP ID	Case head's HIPP number	9	Number	T_HIPP_RESOURCE	SAK_HIPP
INS ADDR 1	Insurance company's address (first line)	55	Char	T_TPL_CARRIER	ADR_MAIL_STRT1
INS ADDR 2	Insurance company's address (second line) [omit if blank]	55	Char	T_TPL_CARRIER	ADR_MAIL_STRT2

Field	Description	Length	Data Type	DB Table	DB Attributes
INS CITY	Insurance company's city	30	Char	T_TPL_CARRIER	ADR_MAIL_CITY
INS NAME	Insurance company's name	45	Char	T_TPL_CARRIER	NAM_BUS
INS ST	Insurance company's state	2	Char	T_TPL_CARRIER	ADR_MAIL_STATE
INS TAX ID	Insurance company's tax identification	9	Char	T_TPL_CARRIER	EIN
INS ZIP	Insurance company's 5+4 zipcode [dash separated; if +4 is blank, omit the dash]	10	Char	T_TPL_CARRIER	ADR_MAIL_ZIP,ADR_MAIL_ZIP_4
MEMBER ID	Case head's Medicaid ID	12	Char	T_RE_BASE	ID_MEDICAID
POLICY ADDR 1	Policy holder's address (first line) [may be either Case Head or Policy Holder data, depending on value of T_TPL_RESOURCE.CDE_POLICY_OWNER]	55	Char	T_POLICY HOLDER	ADR_MAIL_STRT1
POLICY ADDR 2	Policy holder's address (second line) [omit if blank]	55	Char	T_POLICY HOLDER	ADR_MAIL_STRT2
POLICY CITY	Policy holder's city Policy holder's city	30	Char	T_POLICY HOLDER	ADR_MAIL_CITY
POLICY NAME	Name of policy holder [see explanation in POLICY ADDR 1]	32	Char	T_POLICY HOLDER	NAM_LAST,NAM_FIRST,NAM_MID_INIT

Field	Description	Length	Data Type	DB Table	DB Attributes
POLICY NUM	Case head's policy number	16	Char	T_TPL_RESOURCE	NUM_TPL_POLICY
POLICY SSN	Policy holder's social security number	9	Char	T_POLICY_HOLDER	NUM_SSN
POLICY ST	Policy holder's state	2	Char	T_POLICY_HOLDER	ADR_MAIL_STATE
POLICY ZIP	Policy holder's 5+4 zipcode [dash separated; if +4 is blank, omit the dash]	10	Char	T_POLICY_HOLDER	ADR_MAIL_ZIP,ADR_MAIL_ZIP_4
PREM AMT	Premium amount to be paid per PREM FREQUENCY (includes dollar sign, comma if needed, and decimal point)	8	Number (Decimal)	T_HIPP_RESOURCE	AMT_PREM_PRD
PREM FREQUENCY	Frequency of premium payments (A=ANNUALLY,B=BI-MONTHLY,M=MONTHLY,Q=QUARTERLY,S=SEMI-MONTHLY,W=WEEKLY,O=(ref: POLICY PAYMENT DUE DATE))	30	Char	T_HIPP_RESOURCE	SCHED_CODE
PREMIUM DATE 1	First premium date (optional; subject to change)	10	Date (MM/DD/CCYY)	T_HIPP_EXPEND_XREF	DTE_PAY_START
PREMIUM DATE 2	Second premium date (optional; subject to change)	10	Date (MM/DD/CCYY)	T_HIPP_EXPEND_XREF	DTE_PAY_END

Field	Description	Length	Data Type	DB Table	DB Attributes
PREMIUM DATE 3	Third premium date (optional; subject to change)	10	Date (MM/DD/CCYY)	T_HIPP_EXPEND_XREF	DTE_COV_START
PREMIUM DATE 4	Fourth premium date (optional; subject to change)	10	Date (MM/DD/CCYY)	T_HIPP_EXPEND_XREF	DTE_COV_END
SENT DATE	The date the letter was created (i.e., "today")	10	Date (MM/DD/CCYY)	DUAL	SYSDATE
TTL DUE	Amount to be paid to Case Head (includes dollar sign, comma if needed, and decimal point)	8	Char	T_CHECK	TOTAL_AMT_PAID

2.8.38.5 Associated Programs

Program	Description
tpl0270w	HIPP Remittance Advice, TPL-0270-W
copy2routedir	Copy Reports to Router

2.8.38.6 Associated Requirements

ID
30.020.004.002
30.050.004.002.18
30.050.004.002.6
30.090.004.002.21

ID
30.090.004.003.1

2.8.38.7 Change Orders

ID	Name	Description
1238	HIPP Remittance Statement	Modify the HIPP Remittance Advice report to resemble the Commonwealth's Remittance Statement.
3365	REL2-T_HIPP_EXPEND_XREF Batch	The table T_HIPP_EXPEND_XREF will include the sak_short field as part of the primary key. Research and update batch code if necessary.

2.8.39 TPL-0280-W -- HIPP Premium Payment RA Register

This report summarizes all HIPP premium payment, recoupment and non-cash recoupment amounts staged for a given financial cycle in sequence by HIPP payee number. One line of this report is generated for each RA/warrant. The report should be retained for one calendar year from the run date for informational and research purposes.

2.8.39.1 Technical Name

TPL-0280-W

2.8.39.2 Sort Order

Payee ID

2.8.39.3 HIPP Premium Payment RA Register Layout

```

Report   : TPL-0280-W          COMMONWEALTH OF KENTUCKY          Run Date: MM/DD/CCYY
Process  : TPLJW280           MEDICAID MANAGEMENT INFORMATION SYSTEMS Run Time: 99:99:99
Location: TPL0280W            HIPP PREMIUM PAYMENT RA REGISTER   Page: 9999
                                AS OF MM/DD/YY
  
```

PAYEE NUMBER	PAYEE NAME	RA NUMBER	NON-FIN DEBIT AMT	NON-FIN CREDIT AMT	RECOUP AMT	PAYMENT AMT
XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99999999999	\$999999.99	\$999999.99	\$999999.99	\$999999.99
*** GRAND TOTALS ***			99,999	\$999999.99	\$999999.99	\$999999.99

** END OF REPORT **
 ** NO DATA THIS RUN **

2.8.39.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Non Fin Credit Amt	This is the amount of a check sent to a HIPP payee, outside the HIPP program, to reconcile an underpayment(s) made to the HIPP payees.	9	Decimal	N/A	CALCULATED

Field	Description	Length	Data Type	DB Table	DB Attributes
Non Fin Credit Ttl	This is the grand total amount of all checks sent to a HIPP payee, outside the HIPP program, to reconcile an underpayment(s) made to the HIPP payees.	9	Decimal	N/A	CALCULATED
Non Fin Debit Amt	This is the amount of a check submitted by a HIPP payee, outside the HIPP program, to reconcile an overpayment(s) made to the HIPP payees.	9	Decimal	N/A	CALCULATED
Non Fin Debit Ttl	This is the grand total amount of all checks submitted by a HIPP payee, outside the HIPP program, to reconcile an overpayment(s) made to the HIPP payees.	9	Decimal	N/A	CALCULATED
Payee Name	This is the name of the insurance company, employer or HIPP participant who relates to the specific Remittance Advice being generated.	45	Char	T_CHECK	SAK_PAYEE+CDE_PAYEE_TYPE
Payee Num	This is the carrier number or the HIPP participant ID that uniquely identifies the insurance carrier company, employer, or HIPP participant for whom the Remittance Advice is generated.	12	Char	T_TPL_CARRIER	CDE_CARRIER
Payment Amt	This is the actual premium payment dollar amount paid to the HIPP payees.	9	Decimal	T_HIPP_RESOURCE	AMT_PREMIUM
Payment Amt Ttl	This is the grand total of actual premium payment dollar amount paid to the HIPP payees.	9	Decimal	N/A	CALCULATED
RA Count	This is the total count of RA's.	5	Number	N/A	CALCULATED

Field	Description	Length	Data Type	DB Table	DB Attributes
RA Num	This is the HIPP Remittance Advice number. The first four digits identify the year, the next three digits identify the Julian date and the remaining four digits are system-assigned to ensure uniqueness.	11	Char	T_CHECK	
Recoup Amt	This is the total amount being withheld from the premium payment amount relating to the HIPP payee for a specific financial cycle.	9	Decimal	N/A	CALCULATED
Recoup Amt Ttl	This is the grand total amount being withheld from the premium payment amount relating to the HIPP payee for a specific financial cycle.	9	Decimal	N/A	CALCULATED

2.8.39.5 Associated Programs

Program	Description
tpl0280w	HIPP Premium Payment RA Register Report, TPL-0280-W
copy2routedir	Copy Reports to Router

2.8.39.6 Associated Requirements

ID
30.020.004.002
30.050.004.002.18
30.050.004.002.6
30.090.004.002.21
30.090.004.003.1

2.8.39.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.40 TPL-0290-M -- Monthly HIPP Clerk Cost Effective Activity

This report lists the HIPP policies updated each month by different users.

2.8.40.1 Technical Name

TPL-0290-M

2.8.40.2 Sort Order

Authorization (Clerk) Number

2.8.40.3 Monthly HIPP Clerk Cost Effective Activity Layout

Report : TPL-0290-M

Process : TPLJM999

Location: TPLJM999

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEMS
MONTHLY HIPP CLERK COST EFFECTIVE ACTIVITY
REPORT PERIOD : MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY

Run Time: 99:99:99

Page: 9999

AUTH CODE	POLICY ID	PID	QUESTR RECV DATE	REVAL DATE	APPROVED DATE	HIPP POLICY EFF DATE	DAYS AGED
XXXXXXXX	999999999	999999999	MM/DD/CCYY	MM/DD/CCYY	MM/DD/CCYY	MM/DD/CCYY	99999
XXXXXXXX	999999999	999999999	MM/DD/CCYY	MM/DD/CCYY	MM/DD/CCYY	MM/DD/CCYY	99999
XXXXXXXX	999999999	999999999	MM/DD/CCYY	MM/DD/CCYY	MM/DD/CCYY	MM/DD/CCYY	99999

TOTAL : 9999

** END OF REPORT **
** NO DATA THIS REPORT **

2.8.40.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Approved Date	This is the final determination date.	8	Date (MM/DD/CCYY)	T_HIPP_RESOURCE	DTE_ADDED
Auth Code	This is the User ID of the person who last updated the record.	8	Char	T_ANALYST	ID_CLERK

Field	Description	Length	Data Type	DB Table	DB Attributes
Days Aged	This is the days between initial recommendation date and final determination date.	6	Number	N/A	CALCULATED
HIPP Policy Date	This is the initial recommendation date.	8	Date (MM/DD/CCYY)	T_HIPP_RESOURCE	DTE_EFFECTIVE
PID	This is the policyholder ID.	12	Char	T_POLICY HOLDER	SAK_POL_HOLD
Policy ID	This is the policy ID.	16	Char	T_TPL_RESOURCE	NUM_TPL_POLICY
Questr Recv Date	This is the actual response date from the policyholder.	8	Date (MM/DD/CCYY)	DTE_RETURNED	T_TPL_LTR_RESP_XREF
Reval Date	This is the re-evaluation date.	8	Date (MM/DD/CCYY)	T_HIPP_RESOURCE	DTE_REVIEW
Total	This is the total number of policies updated by each clerk ID.	6	Number	N/A	CALCULATED

2.8.40.5 Associated Programs

Program	Description
tpl0290m	HIPP Clerk Cost Effective Activity, TPL-0290-M
copy2routedir	Copy Reports to Router

2.8.40.6 Associated Requirements

ID
30.020.004.002
30.050.004.002.18

ID
30.050.004.002.6
30.090.004.002.21
30.090.004.003.1

2.8.40.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.41 TPL-0300-R -- TPL Resource Updates - Carrier Termination Process

This report displays the updates to the TPL Resource File due to carrier termination.

2.8.41.1 Technical Name

TPL-0300-R

2.8.41.2 Sort Order

Policy End Date

2.8.41.3 TPL Resource Updates - Carrier Termination Process Layout

Report : TPL-0300-R	COMMONWEALTH OF KENTUCKY	Run Date: MM/DD/CCYY
Process : TPLJ0300	MEDICAID MANAGEMENT INFORMATION SYSTEM	Run Time: 99:99:99
Location: TPL03000	TPL RESOURCE UPDATES	Page: 999
	CARRIER TERMINATION PROCESS	

```
CARRIER:XXXXXXX NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXX TERMINATION DATE: MM/DD/CCYY LAST TRANS: MM/DD/CCYY
MEMBER ID:XXXXXXXXX NAME: XXXXXXXXXXXXXXXXXXXXXXXX POLICY NUMBER: XXXXXXXXXXXXXXXXXXXX POLICY DATE: MM/DD/CCYY - MM/DD/CCYY
CV BEGIN END ADD DATE COV DOT EX EX DOT COPAYMENT DEDUCTIBLE
XX MM/DD/CCYY MM/DD/CCYY MM/DD/CCYY MM/DD/CCYY X MM/DD/CCYY 99,999.99 99,999.99
MEMBER ID:XXXXXXXXX NAME: XXXXXXXXXXXXXXXXXXXXXXXX POLICY NUMBER: XXXXXXXXXXXXXXXXXXXX POLICY DATE: MM/DD/CCYY - MM/DD/CCYY
CV BEGIN END ADD DATE COV DOT EX EX DOT COPAYMENT DEDUCTIBLE
XX MM/DD/CCYY MM/DD/CCYY MM/DD/CCYY MM/DD/CCYY X MM/DD/CCYY 99,999.99 99,999.99
```

```
CARRIER:XXXXXXX NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXX TERMINATION DATE: MM/DD/CCYY LAST TRANS: MM/DD/CCYY
MEMBER ID:XXXXXXXXX NAME: XXXXXXXXXXXXXXXXXXXXXXXX POLICY NUMBER: XXXXXXXXXXXXXXXXXXXX POLICY DATE: MM/DD/CCYY - MM/DD/CCYY
CV BEGIN END ADD DATE COV DOT EX EX DOT COPAYMENT DEDUCTIBLE
XX MM/DD/CCYY MM/DD/CCYY MM/DD/CCYY MM/DD/CCYY X MM/DD/CCYY 99,999.99 99,999.99
MEMBER ID:XXXXXXXXX NAME: XXXXXXXXXXXXXXXXXXXXXXXX POLICY NUMBER: XXXXXXXXXXXXXXXXXXXX POLICY DATE: MM/DD/CCYY - MM/DD/CCYY
CV BEGIN END ADD DATE COV DOT EX EX DOT COPAYMENT DEDUCTIBLE
XX MM/DD/CCYY MM/DD/CCYY MM/DD/CCYY MM/DD/CCYY X MM/DD/CCYY 99,999.99 99,999.99
```

*** END OF REPORT ***

*** NO DATA THIS RUN ***

2.8.41.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Add Date	The date coverage was added	8	Date (MM/DD/CCYY)	A_T_COVERAGE_XREF	CALCULATED
Begin	The effective begin date for coverage code	8	Char	T_COVERAGE_XREF	CALCULATED
CV	Coverage Location Number For New Level Of Coverage	2	Char	T_COVERAGE_XREF	CDE_COVERAGE
Carrier	Unique Carrier Identifier	7	Char	T_TPL_CARRIER	CDE_CARRIER
Copayment	Copayment amount	9	Decimal	T_TPL_COIN_DED	AMT_CO_PAY
Cov Dot	The date coverage was terminated for a TPL resource	8	Date (MM/DD/CCYY)	A_T_COVERAGE_XREF	CALCULATED
Deductible	Deductible amount	9	Decimal	T_TPL_COIN_DED	AMT_DEDUCT_INDV
End	The effective end date for coverage code	8	Char	T_COVERAGE_XREF	CALCULATED
Ex DOT	Exhaust Date of Termination	8	Date (MM/DD/CCYY)	A_T_COVERGAE_XREF	CALCULATED
Ex Ind	Exhaust Indicator	1	Char	T_COVERAGE_XREF	IND_EXHAUST
Last Trans	Date of Last Transaction	8	Date (MM/DD/CCYY)	T_TPL_CARRIER	DTE_LAST_CHANGE
Member ID	Members Unique Identifier	12	Char	T_RE_BASE	ID_MEDICAID
Name	The Carrier name	18	Char	T_TPL_CARRIER	NAM_BUS
Name	Name (Last, First)	30	Char	T_RE_BASE	CONCATENATED NAM_LAST+NAM_FIRST

Field	Description	Length	Data Type	DB Table	DB Attributes
Policy Date1	The policy begin date before update	8	Char	T_COVERAGE_XREF	DTE_EFFECTIVE
Policy Date2	The policy end date before update	8	Char	T_COVERAGE_XREF	DTE_END
Policy Number	Policy number	18	Char	T_TPL_RESOURCE	NUM_TPL_POLICY
Termination Date	Date Coverage was Terminated	8	Date (MM/DD/CCYY)	A_T_TPL_CARRIER	CALCULATED

2.8.41.5 Associated Programs

Program	Description
copy2routedir	Copy Reports to Router
tpl0300o	Carrier Termination Process Resource Reports

2.8.41.6 Associated Requirements

ID
30.090.004.003.1

2.8.41.7 Change Orders

ID	Name	Description
433	Carrier Termination	Produce the update and error reports from the Carrier Termination process.
5059	TPL-0300-R	On the TPL-0300-R the 4th line of Heading 'Carrier Termination Process' is not centered. The following fields are not populating on the report, Carrier, Name, and Last Trans fields. Below the EX field it is populating with a small box. At the end of the line of data it is reporting '*ft' and I am not sure if that should be there. The following fields are truncating Cv, Add Date, and Cov Dot

2.8.42 TPL-0301-R -- TPL Resource Updates - Carrier Termination Error

This report displays the errors found during the carrier termination process on the TPL Resource file, no updates are made.

2.8.42.1 Technical Name

TPL-0301-R

2.8.42.2 Sort Order

Policy End Date

2.8.42.3 TPL Resource Updates - Carrier Termination Error Layout

```

Report   : TPL-0301-R                COMMONWEALTH OF KENTUCKY           Run Date: MM/DD/CCY
Process  : TPLJRXXX                 MEDICAID MANAGEMENT INFORMATION SYSTEM   Run Time:  99:99:9
Location: TPLXXXXX                  TPL RESOURCE UPDATES                 Page:      999
                                      CARRIER TERMINATION ERROR REPORT
  
```

```

MEMBER ID  POLICY  CARRIER  POLICY BEG  POLICY END  TERM DATE  ERROR MESSAGE
XXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXX  MM/DD/CCYY  MM/DD/CCYY  MM/DD/CCYY  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  
```

*** END OF REPORT ***

*** NO DATA THIS RUN ***

2.8.42.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Carrier	The carrier code number	7	Char	T_TPL_CARRIER	CDE_CARRIER
Error Message	Error Message	38	Char	N/A	Calculated
Member ID	The member's Medicaid ID.	12	Char	T_RE_BASE	ID_MEDICAID
Policy	The policy number that was not updated	16	Char	T_TPL_RESOURCE	NUM_TPL_POLICY
Policy Beg	Policy Begin Date	8	Date (MM/DD/CCYY)	T_COVERAGE_XREF	DTE_EFFECTIVE

Field	Description	Length	Data Type	DB Table	DB Attributes
Policy End	Policy End Date	8	Date (MM/DD/CCYY)	T_COVERAGE_XREF	DTE_END
Term Date	The date the Carrier was terminated	8	Date (MM/DD/CCYY)	A_T_TPL_CARRIER	Calculated

2.8.42.5 Associated Programs

Program	Description
copy2routedir	Copy Reports to Router
tpl0300o	Carrier Termination Process Resource Reports

2.8.42.6 Associated Requirements

ID
30.090.004.003.1

2.8.42.7 Change Orders

ID	Name	Description
433	Carrier Termination	Produce the update and error reports from the Carrier Termination process.

2.8.43 TPL-0310-D -- Potential Estate Recovery Members

This report lists member information transmitted from KAMES. The report contains a listing of all records processed.

2.8.43.1 Technical Name

TPL-0310-D

2.8.43.2 Sort Order

KAMES Key

2.8.43.3 Potential Estate Recovery Members Layout

```
Report   : TPL-0310-D                COMMONWEALTH OF KENTUCKY                Run Date: MM/DD/CCYY
Process  : TPLJD310                 MEDICAID MANAGEMENT INFORMATION SYSTEM        Run Time:   99:99:99
Location: TPL0310D                 ESTATE RECOVERY PROCESSING                    Page:      9999
                                     POTENTIAL ESTATE RECOVERY MEMBERS
```

```
SSN:XXXXXXXX MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXX DOB: MM/DD/CCYY DOD: MM/DD/CCYY AGE AT DOD: 99 CNTY: XXX
KAMES KEY: XXXXXXXXXXXXXXX CLAIM FROM: MM/DD/CCYY CLAIM TO: MM/DD/CCYY MANAGED CARE BEG/END: MM/DD/CCYY MM/DD/CCYY
OWN HOMESTEAD: X EST HOMESTEAD VALUE: 9,999,999.99 WILL IND: X
```

```
EXECUTOR NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXX EXECUTOR NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXX
PHONE: (999) 999-9999 PHONE: (999) 999-9999
ADDRESS: XXXXXXXXXXXXXXXXXXXXXXXXXXXX ADDRESS: XXXXXXXXXXXXXXXXXXXXXXXXXXXX
CITY: XXXXXXXXXXXXXXXXXXXX CITY: XXXXXXXXXXXXXXXXXXXX
ST: XX ST: XX
ZIP: 99999-9999 ZIP: 99999-9999
```

*** END OF REPORT ***

*** NO DATA THIS RUN ***

2.8.43.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Address	Address of Executor	30	Char	N/A	N/A

Field	Description	Length	Data Type	DB Table	DB Attributes
Age At DOD	Age of the member at time of death	3	Number	N/A	N/A
City	City of residence	18	Char	N/A	N/A
Cnty	County Code	3	Char	N/A	N/A
DOB	Date of Birth	8	Char	N/A	N/A
DOD	Date of Death	8	Char	N/A	N/A
Est HomeStead Value	Estimated Home Value	9	Number	N/A	N/A
Executor Name	The Name of the Executor (Last,First)	30	Char	N/A	N/A
KAMES Key	KAMES identifier	14	Char		
Managed Care Beg/End (beg)	Managed Care begin date first segment	8	Date (MM/DD/CCYY)	N/A	N/A
Managed Care Beg/End (end)	Managed Care end date last segment	8	Date (MM/DD/CCYY)	N/A	N/A
MemberName	Members Name (Last , First)	30	Char	N/A	N/A
Own Homestead	Own homestead indicator	1	Char	N/A	N/A
Phone	Phone Number of executor	10	Char	N/A	N/A
SSN	Social Security number	9	Char	N/A	N/A

Field	Description	Length	Data Type	DB Table	DB Attributes
ST	State	2	Char	N/A	N/A
Will Ind	Will indicator	1	Char	N/A	N/A
Zip	Zip Code (5+4)	9	Char	N/A	N/A

2.8.43.5 Associated Programs

Program	Description
tpl0310w	KAMES Claim Medicaid Eligible Members Report

2.8.43.6 Associated Requirements

ID
30.050.004.002.11
30.090.004.001.5
30.090.004.002.20
30.090.004.003.1
30.090.004.004.5

2.8.43.7 Change Orders

ID	Name	Description
475	DCR1444-Interf from KAMES Estate	Per CDR1444, add functionality to interface with KAMES to accept TPL Estate Recovery information.

ID	Name	Description
4822	Potential Estate Recovery mbrs	Changes were made to this program when it abended due to a zero date of death that apparently introduced a new issue. The 310 report shows a date of death of 10/01/2006 for Billy Rose and a managed care end date of 12/31/2299. The managed care end date should never be greater than the date of death, and this person doesn't even have managed care. I'd also like to modify the report so that if there's no administrator or authorized rep, the formatting for the telephone number doesn't show up. I initially coded it this way thinking KAMES would send spaces in that field, but they're actually sending zero's.
8297	TPL-0310-D	Need to be able to handle receiving a # in the middle initial field from KAMES on their ER file. After running the file we are inserting the # in panels and reports for the middle initial.

2.8.44 TPL-0311-D -- Potential Estate Recovery Error

This report lists the errors found during the processing of the KAMES file. Reasons for error are: If the member is not on file; name mismatch (last 5 first 4); date of death does not match. It is reported as an error, but the member is processed.

2.8.44.1 Technical Name

TPL-0311-D

2.8.44.2 Sort Order

SSN

2.8.44.3 Potential Estate Recovery Error Layout

Report : TPL-0311-D

Process : TPLJD310

Location: TPL0311D

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
ESTATE RECOVERY PROCESSING
POTENTIAL ESTATE RECOVERY ERROR

Run Date: MM/DD/CCYY

Run Time: 99:99:99

Page: 999

SSN	LAST NAME	FIRST NAME	MI	DATE OF BIRTH	DATE OF DEATH	CNTY	ERROR MESSAGE
XXXXXXXX	XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX	X	MM/DD/CCYY	MM/DD/CCYY	XXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXX	XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX	X	MM/DD/CCYY	MM/DD/CCYY	XXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXX	XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX	X	MM/DD/CCYY	MM/DD/CCYY	XXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXX	XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX	X	MM/DD/CCYY	MM/DD/CCYY	XXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXX	XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX	X	MM/DD/CCYY	MM/DD/CCYY	XXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TOTAL RECORDS WRITTEN: 999,999

*** END OF REPORT ***

*** NO DATA THIS RUN ***

2.8.44.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Cnty	County Code	3	Char	N/A	N/A
Date of Birth	Date of Birth	8	Date (MM/DD/CCYY)	N/A	N/A

Field	Description	Length	Data Type	DB Table	DB Attributes
Date of Death	Date of Death	8	Date (MM/DD/CCYY)	N/A	N/A
Error Message	Error Message	28	Char	T_ERROR_DISP	DSC_ERROR_STAT
First Name	First Name of Member	13	Char	N/A	N/A
Last Name	Last Name of Member	15	Char	N/A	N/A
MI	MIDDLE Initial	1	Char	N/A	N/A
SSN	Social Security number	9	Char	N/A	N/A

2.8.44.5 Associated Programs

Program	Description
tpl0310w	KAMES Claim Medicaid Eligible Members Report

2.8.44.6 Associated Requirements

ID
30.050.004.002.11
30.090.004.001.5
30.090.004.002.20
30.090.004.003.1
30.090.004.004.5

2.8.44.7 Change Orders

ID	Name	Description
4332	TPL 0311 W	<p>The TPL-0311-W has an extra column headings in PWB that are not in OnBase. (From date and To date)</p> <p>The Error message in the onbase report the error stating no match is listed as one word nomatch.</p> <p>The text of the error message is still stating recipient instead of member.</p>
475	DCR1444-Interf from KAMES Estate	Per CDR1444, add functionality to interface with KAMES to accept TPL Estate Recovery information.

2.8.45 TPL-0320-W -- TPL Information Statement (SSA - 8019 - U2) Form

This report lists information transmitted on SSA-8019-U2 tape. The TPL unit updates the TPL Resource File with information from this report.

2.8.45.1 Technical Name

TPL-0320-W

2.8.45.2 Sort Order

Member ID

For readability, the report layout displays on the next page.

2.8.45.3 TPL Information Statement (SSA - 8019 - U2) Form Layout

Report : TPL-0320-W
Process : TPLJW320
Location: TPL0320W

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
TPL INFORMATION STATEMENT (SSA - 8019 - U2) FORM

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 9999

MEMBER SSN CLAIMANT LAST NAME FIRST NAME MI DATE OF BIRTH
XXXXXXXXXXXXX XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX X MM/DD/CCYY
SERVICE TYPE OTHER SERVICES COV-CODE
XXXXXXXXX X XX XX XX XX
INS CO NAME/ADD POLICY NUMBER GROUP NO/EMPLOYER NAME
XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXX XX XXXXX-XXXX

FOREIGN COUNTRY: *

CONSULAR CODE: * POSTAL ZONE: *

EFF DATE POLICY HOLD LAST NAME FIRST NAME MIDDLE NAME REL OTHER TYPE RELATIONSHIP
MM/DD/CCYY XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX X X
END DATE POLICY HOLDER SSN POLICY HOLDER DATE OF BIRTH
MM/DD/CCYY XXXXXXXX MM/DD/CCYY
SERVICE TYPE OTHER SERVICES COV-CODE
XXXXXXXXX X XX XX XX XX
INS CO NAME/ADD POLICY NUMBER GROUP NO/EMPLOYER NAME
XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXX XX XXXXX-XXXX

FOREIGN COUNTRY: *

CONSULAR CODE: * POSTAL ZONE: *

EFF DATE POLICY HOLD LAST NAME FIRST NAME MIDDLE NAME REL OTHER TYPE RELATIONSHIP
MM/DD/CCYY XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX X XX XX
END DATE POLICY HOLDER SSN POLICY HOLDER DATE OF BIRTH
MM/XX/CCYY XXXXXXXX MM/DD/CCYY
CLAIM/LEGAL ACTION NATURE OF CLAIM OTHER TYPE OF CLAIM INJURY DATE
XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX MM/DD/CCYY
ATTORNEY NAME/ADDRESS LEGAL ACTION NAME/ACTION
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXX XX XXXXX-XXXX

FOREIGN COUNTRY: *

DATE RECEIVE: MM/DD/CCYY
DATE MNF 1ST: 2ND:
DATE SENT DMS: RCVD:
DATE Q MID: RCVD:
DATE NO RESP:
DATE KEYED:

2.8.45.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Attorney Name Address	The name and address of the attorney involved in the claim/legal action.	128	Char	N/A	N/A
CLAIM/LEGAL ACTION	The name and address of the person taking legal action.	21	Char	N/A	N/A
Claimant Last Name	The member's last name	15	Char	N/A	N/A
Consular Code	Code for the Consular.	3	Char	N/A	N/A
Cov-Code	The converted coverage codes.	2	Char	N/A	N/A
Date Received	Date the SSA file was processed.	8	Date (CCYY/MM/DD)	N/A	N/A
Date of Birth	The member's date of birth.	8	Date (MM/DD/CCYY)	N/A	N/A
Eff Date	The date the policy went into effect.	8	Date (MM/DD/CCYY)	N/A	N/A
End Date	The date the policy ended.	8	Date (MM/DD/CCYY)	N/A	N/A
First name	The member's first name.	13	Char	N/A	N/A
Foreign Country	Name of the country.	21	Char	N/A	N/A

Field	Description	Length	Data Type	DB Table	DB Attributes
Group Num/Employer Name	The TPL group number or name associated with the policy.	19	Char	N/A	N/A
Injury Date	The date the recipient was injured.	8	Date (MM/DD/CCYY)	N/A	N/A
Ins Co Name/Add	The name and address of the carrier.	79	Char	N/A	N/A
LEGAL ACTION NAME/ACTION	The claim/legal action indicator for subrogation cases.	38	Char	N/A	N/A
MI	The member's middle initial.	1	Char	N/A	N/A
Member Id	The member's Medicaid ID.	12	Char	N/A	N/A
Middle Name	The policyholder's middle initial.	1	Char	N/A	N/A
Nature of Claim	The type of claim/legal action taken.	15	Char	N/A	N/A
Other Services	Other types of coverage the member has through the carrier.	1	Char	N/A	N/A
Other Type Relationship	Other types of relationships.	1	Char	N/A	N/A
Other Type of Claim	Other type of claim/legal action taken.	15	Char	N/A	N/A
Policy First Name	The policyholder's first name.	13	Char	N/A	N/A

Field	Description	Length	Data Type	DB Table	DB Attributes
Policy Hold Last Name	The policyholder's last name.	18	Char	N/A	N/A
Policy Holder Date of Birth	The policyholder's date of birth.	8	Date (MM/DD/CCYY)	N/A	N/A
Policy Holder SSN	The social security number of the policyholder.	9	Char	N/A	N/A
Policy Number	The number assigned to a policy.	16	Char	N/A	N/A
Postal Zone	A postal zone "City and "Town" is an administrative district established by the U.S. Postal Service to deliver the mail.	15	Char	N/A	N/A
Rel	The relationship between the member and the policyholder.	1	Char	N/A	N/A
Service Type	The type of coverage the member has through the carrier.	8	Char	N/A	N/A

2.8.45.5 Associated Programs

Program	Description
tpl0320w	TPL Information Statement Report TPL Information Statement (SSA-8019-U2-Form) Report

2.8.45.6 Associated Requirements

ID
30.090.004.002.20
30.090.004.003.1

ID
30.090.004.004.5

2.8.45.7 Change Orders

ID	Name	Description
361	TPL Interface with SSA-8019-U2	Add functionality to interface with SSA-8019-U2.
4642	PWB- TPL-0320-W	TPL Informaton Statement (SSA-8019-US) Form TPL-0320-W #1 - Failed - Foreign Country, Consular Code and Postal Zone all appear in OnBase reports but not in the PWB.

2.8.46 TPL-0330-W -- KAMES PA-40 Tape

This report lists all public assistance information transmitted from KAMES. The TPL unit updates the TPL Resource File with information displayed this report.

2.8.46.1 Technical Name

TPL-0330-W

2.8.46.2 Sort Order

Member SSN

For readability the layout displays on the next page.

2.8.46.3 KAMES PA-40 Tape Layout

Report : TPL-0330-W
 Process : TPLJW330
 Location: TPL0330W

COMMONWEALTH OF KENTUCKY
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 KAMES PA-40 TAPE REPORT

Run Date: MM/DD/CCYY
 Run Time: 99:99:99
 Page: 9999

```

MEMBER SSN          LAST NAME          FIRST NAME          MI
XXXXXXXXXXXXX      XXXXXXXXXXXXXXXX    XXXXXXXXXXXXXXXX    X
HEALTH INS NAME/ADD  ST ZIP          POLICY NUM          GROUP NUM
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXX  XX XXXXX-XXXX  XXXXXXXXXXXXXXXX    XXXXXXXXXXXXXXXX
COVERAGE START DATE  POLICYHOLDER LAST NAME  FIRST NAME  MI  REL  COV
MM/DD/CCYY           XXXXXXXXXXXXXXXX    XXXXXXXXXXXXXXXX  X  XXXXX  XXX
COVERAGE END DATE    POLICYHOLDER ADDRESS     ST          ZIP
MM/DD/CCYY           XXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXX  XX          XXXXX-XXXX
DOT                  INFO IND          DCSE FLAG
MM/CCYY             XXXXXXXXXXXXX    X
  ABSENT PARENT NAME: XXXXXXXXXXXXXXXXXXXXXXXX
  ABSENT PARENT SSN:  XXXXXXXXX
  COVERAGE INDICATORS: XX

```

```

DATE RECEIVE: MM/DD/CCYY
DATE MNF 1ST: 2ND: -----
DATE SENT DMS: ----- RCVD: -----
DATE Q MID: - RCVD: -----
DATE NO RESP: -----
DATE KEYED: -----

```

*** END OF REPORT ***

*** NO DATA THIS RUN ***

2.8.46.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Absent Parent Name	Absent Parent Name (Last , First)	30	Char	N/A	N/A
Absent Parent SSN	Absent Parent SSN	9	Char	N/A	N/A
COV	The type of coverage the Member has through the carrier	3	Char	N/A	N/A
Chk Dgt	The Medicaid check-digit number	1	Char	N/A	N/A
Coverage End Date	The date the policy ended	8	Date (MM/DD/CCYY)	N/A	N/A
Coverage Indicators	The type of coverage of absent parent the Member has through the carrier.	2	Char	N/A	N/A
Coverage Start Date	The date the policy Started	8	Date (MM/DD/CCYY)	N/A	N/A
DCSE Flag	Indicates that the policyholder has been court-ordered to provide medical support.	1	Char	N/A	N/A
DOT	The date KAMES reported information to TPL Unit	8	Date (MM/DD/CCYY)	N/A	N/A
First Name	First Name of member	13	Char	N/A	N/A
First Name	Policyholder First Name	13	Char	N/A	N/A
Group Num	The TPL group number or name associated with the policy.	16	Char	N/A	N/A

Field	Description	Length	Data Type	DB Table	DB Attributes
Health Ins Name/Add (Addr1)	Address1 of the carrier.	30	Char	N/A	N/A
Health Ins Name/Add (Addr2)	Address2 of the carrier.	30	Char	N/A	N/A
Health Ins Name/Add (City)	Carrier City	15	Char	N/A	N/A
Health Ins Name/Add (Name)	Name of carrier	30	Char	N/A	N/A
Health Ins Name/Add (ST)	Carrier State	2	Char	N/A	N/A
Health Ins Name/Add (Zip)	Carrier Zip code (5+4)	9	Char	N/A	N/A
Info Ind	The indication that additional information exists	11	Char	N/A	N/A
Last Name	Last Name of member	15	Char	N/A	N/A
MI	Middle Initial of member	1	Char	N/A	N/A
Member ID	The member's Medicaid ID.	12	Char	N/A	N/A
Policy Holder Address (1)	Address1 of the policyholder	30	Char	N/A	N/A
Policy Holder Address (2)	Address2 of the policyholder	30	Char	N/A	N/A

Field	Description	Length	Data Type	DB Table	DB Attributes
Policy Holder Address (City)	Policyholder city	18	Char	N/A	N/A
Policy Holder Address (ST)	Policyholder State	2	Char	N/A	N/A
Policy Holder Address (Zip)	Policyholder Zip code (5+4)	9	Char	N/A	N/A
Policy Holder Last Name	Policyholder Last Name	15	Char	N/A	N/A
Policy Holder MI	Policyholder MIddle Initial	1	Char	N/A	N/A
Policy Num	Policy Number	16	Char	N/A	N/A
Rel	The relationship between the member and the policyholder	6	Char	N/A	N/A

2.8.46.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.46.6 Associated Requirements

ID
30.050.004.002.11
30.090.004.001.5
30.090.004.002.20

ID
30.090.004.003.1
30.090.004.004.5

2.8.46.7 Change Orders

ID	Name	Description
358	TPL Interface with KAMES	Add functionality to interface with KAMES to accept TPL Resource information.
8680	TPL Cycle Issues	Various fixes for cycle issues.

2.8.47 TPL-0340-R -- TPL Matrix Summary

This report summarizes the contents of the TPL Matrix File. Subject to change dependent upon TPL cost avoidance matrix review.

2.8.47.1 Technical Name

TPL-0340-R

2.8.47.2 Sort Order

Coverage Type

For readability, this report layout appears on the next page.

2.8.47.3 TPL Matrix Summary Layout

Report : TPL-0340-R
 Process : TPLJ0340
 Location: TPL0340W

COMMONWEALTH OF KENTUCKY
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 TPL MATRIX REPORT

Run Date: 99/99/9999
 Run Time: 99:99:99
 Page: 9

Coverage type : 01

Coverage Description : HOSP

PROVIDER DSC	PROVIDER TYPE	CLAIM DSC	CLAIM TYPE	ACTION
GENERAL HOSPITAL	01	INPATIENT	M	3
GENERAL HOSPITAL	01	OUTPATIENT	N	5
MENTL HOSP	02	INPATIENT	S	5

Report : TPL-0340-R
 Process : TPLJW340
 Location: TPL0340W

COMMONWEALTH OF KENTUCKY
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 TPL MATRIX REPORT

Run Date: 99/99/9999
 Run Time: 99:99:99
 Page: 9

Coverage type : 02

Coverage Description : MEDICAL

PROVIDER DSC	PROVIDER TYPE	CLAIM DSC	CLAIM TYPE	ACTION
GENERAL HOSPITAL	01	INPATIENT	M	5
GENERAL HOSPITAL	01	OUTPATIENT	N	SMD
MENTL HOSP	02	INPATIENT	S	5

Report : TPL-0340-R
 Process : TPLJ0340
 Location: TPL0340W

COMMONWEALTH OF KENTUCKY
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 TPL MATRIX REPORT

Run Date: 99/99/9999
 Run Time: 99:99:99
 Page: 9

TPL EXCEPTION CRITERIA

EXCEPTION IDENTIFIER: CH

EXCEPTION TYPE: H

PROCEDURE	RANGE:	PROC	INCLUDE	EXCEPT
FROM	TO	TYPE	EXCLUDE	ACTION
H2012	H2012	H	I	3
T1016	T1016	H	I	5
T2022	T2022	H	I	5
X0020	X0020	H	I	5
X0021	X0021	H	I	5
X0064	X0064	H	I	5

2.8.47.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
ACTION	Action on that Claim	3	Char	T_RU_ACTION	CDE_VALUE
CLAIMS DSC	Description of type of Claims	15	Char	T_CLAIM_TYPE	DSC_CLM_TYPE
CLAIMS TYPE	Type of Claim	1	Char	T_RU_DISCRETE_SET	CDE_VALUE
Coverage Description	Description of coverage type.	10	Char	T_COVERAGE_TYPE	DSC_COVER_TYPE
Coverage Type	This is the code of the coverage type	2	Char	T_TPL_COV_PLAN_XREF	CDE_COVERAGE
EXCEPT ACTION	Action on that Claim	1	Char	T_RU_ACTION	CDE_VALUE
EXCEPTION IDENTIFIER	Description of the exception type	20	Char	T_BNFT_GROUP_STD	NAM_GROUP
EXCEPTION TYPE	Type of Exception	1	Char	N/A	CALCULATED
INCLUDE EXCLUDE	Proc code included	1	Char	N/A	CALCULATED
PROC TYPE	Type of Procedure	1	Char	T_BNFT_GROUP_STD	BENEFIT_TYPE
PROCEDURE RANGE FROM	The starting procedure code of that range	7	Char	N/A	CALCULATED
PROCEDURE RANGE TO	The end procedure code of that range	7	Char	N/A	CALCULATED

Field	Description	Length	Data Type	DB Table	DB Attributes
PROVIDER DSC	Description of the type of Provider	15	Char	T_PR_TYPE_CDE	DSC_PROV_TYPE
PROVIDER TYPE	Type of Provider	2	Char	T_RU_DISCRETE_SET	CDE_VALUE

2.8.47.5 Associated Programs

Program	Description
tpl0340w	TPL Matrix Summary Report TPL Matrix Summary TPL Matrix Summary TPL Matrix Summary

2.8.47.6 Associated Requirements

ID
30.090.004.003.1

2.8.47.7 Change Orders

ID	Name	Description
445	TPL Matrix Summary	Create a report to summarize the TPL Matrix File.
7460	RTI TPLJO340	The TPLJO340 takes too long to run. Please improve the run time.

2.8.48 TPL-0370-M -- TPL Exclusions Monthly

This report lists paid claims which meet the exception on the TPL Matrix File for Pay and Bill.

2.8.48.1 Technical Name

TPL-0370-M

2.8.48.2 Sort Order

Carrier ID

2.8.48.3 TPL Exclusions Monthly Layout

Report : TPL-0370-M
Process : TPLJMXXX
Location: TPLXXXXX

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
TPL MONTHLY EXCLUSIONS REPORT

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 9999

CARRIER ID	COV	POLICY NUMBER	MEMBER ID	MEMBER NAME	ICN	PROVIDER NUM	AMOUNT PAID
XXXXXX	XX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	99,999,999.99
XXXXXX	XX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	99,999,999.99
XXXXXX	XX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	99,999,999.99
XXXXXX	XX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	99,999,999.99
XXXXXX	XX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	99,999,999.99

*** END OF REPORT ***

*** NO DATA THIS RUN ***

2.8.48.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Amount Paid	Medicaid amount paid	10	Number	T_CLM_PGM_XREF	AMT_PAID
COV	The type of coverage the member has through the carrier.	2	Char	T_COVERAGE_TYPE	CDE_COVERAGE
Carrier ID	Unique Carrier Identifier	7	Char	T_TPL_CARRIER	CDE_CARRIER

Field	Description	Length	Data Type	DB Table	DB Attributes
ICN	The transaction control number assigned to a claim	13	Char	T_HIST_DIRECTORY	NUM_ICN_FL
Member ID	Medicaid ID	12	Char	T_RE_BASE	ID_MEDICAID
Member Name	Members Name (Last , First)	30	Char	T_RE_BASE	CONCATENATED NAM_LAST+NAM_FIRS T
Policy Number	Policy Number	16	Char	T_TPL_RESOURCE	NUM_TPL_POLICY
Provider Num	Provider Number	10	Char	T_PR_PROV	ID_PROVIDER

2.8.48.5 Associated Programs

Program	Description
tpl0370m	TPL Exclusions Report

2.8.48.6 Associated Requirements

ID
30.090.004.003.1

2.8.48.7 Change Orders

ID	Name	Description
453	TPL Exclusions Report	Create report to display paid claims which meet the exception on the TPL Matrix File for "Pay and Bill".

2.8.49 TPL-0370-W -- TPL Exclusions Weekly

This report lists paid claims which meet the exception on the TPL Matrix File for Pay and Bill

2.8.49.1 Technical Name

TPL-0370-W

2.8.49.2 Sort Order**2.8.49.3 TPL Exclusions Weekly Layout**

Report : TPL-0370-W
 Process : TPLJMXXX
 Location: TPLXXXXX

COMMONWEALTH OF KENTUCKY
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 TPL WEEKLY EXCLUSIONS REPORT

Run Date: MM/DD/CCYY
 Run Time: 99:99:99
 Page: 9999

CARRIER ID	COV	POLICY NUMBER	MEMBER ID	MEMBER NAME	ICN	PROVIDER NUM	AMOUNT PAID
XXXXXX	XX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXXXXXX	99,999,999.99
XXXXXX	XX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXXXXXX	99,999,999.99
XXXXXX	XX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXXXXXX	99,999,999.99
XXXXXX	XX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXXXXXX	99,999,999.99
XXXXXX	XX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXXXXXX	99,999,999.99

*** END OF REPORT ***

*** NO DATA THIS RUN ***

2.8.49.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Amount Paid	Medicaid amount paid	10	Number	T_CLM_PGM_XREF	AMT_PAID
COV	The type of coverage the member has through the carrier	2	Char	T_CARRIER_COV_XREF	CDE_COVERAGE
Carrier ID	Unique Carrier Identifier	7	Char	T_TPL_CARRIER	CDE_CARRIER

Field	Description	Length	Data Type	DB Table	DB Attributes
ICN	The transaction control number assigned to a claim	13	Char	T_HIST_DIRECTORY	NUM_ICN_FL
Member ID	Medicaid ID	12	Char	T_RE_BASE	ID_MEDICAID
Member Name	Member's Name (Last , First)	30	Char	T_RE_BASE	NAM_LAST+NAM_FIRST
Policy Number	Policy Number	16	Char	T_TPL_RESOURCE	NUM_TPL_POLICY
Provider Num	Provider Number	15	Char	T_PR_PROV	ID_PROVIDER

2.8.49.5 Associated Programs

Program	Description
tpl0370w	TPL Exclusions Weekly Report TPL-0370-W
tplf0001	TPL Commercial Billing Process
copy2crlld	CRLD copy
tpl0370w	TPL Exclusions Weekly Report TPL-0370-W
tpl0370w	TPL Exclusions Weekly Report TPL-0370-W
tplf0003	TriCare Billing Process for TPL
tpl0370w	TPL Exclusions Weekly Report TPL-0370-W
copy2crlld	CRLD copy
tpl0370w	TPL Exclusions Weekly Report TPL-0370-W
tplf0003	TriCare Billing Process for TPL

Program	Description
tpl0370w	TPL Exclusions Weekly Report TPL-0370-W
copy2crlD	CRLD copy
tpl0370w	TPL Exclusions Weekly Report TPL-0370-W
tplf0003	TriCare Billing Process for TPL
tpl0370w	TPL Exclusions Weekly Report TPL-0370-W
copy2crlD	CRLD copy
tpl0370w	TPL Exclusions Weekly TPL-0370-W

2.8.49.6 Associated Requirements

ID
30.090.004.003.1

2.8.49.7 Change Orders

ID	Name	Description
453	TPL Exclusions Report	Create report to display paid claims which meet the exception on the TPL Matrix File for "Pay and Bill".

2.8.50 TPL-0390-M -- Cost Savings

This is the cost savings report. This report lists the grand total counts of segments MTD, YTD, Changes to segments MTD and YTD and amounts MTD and YTD cost-avoided due to the Commercial datamatch process.

2.8.50.1 Technical Name

TPL-0390-M

2.8.50.2 Sort Order

Carrier Name

2.8.50.3 Cost Savings Layout

```

Report   : TPL-0390-M
Process  : TPLJMKXX
Location : TPLXXXXX

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
COST SAVINGS

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 9999

COMMERCIAL          NEW          NEW YTD          CHANGES TO          CHANGES TO YTD          TOTAL AMT.          YTD AMOUNTS
SEGMENTS            SEGMENTS            EXISTING SEGS      EXISTING SEGS      COST AVOIDED          COST AVOIDED
MONTHLY TOTAL        MONTHLY TOTAL        MONTHLY TOTAL      MONTHLY TOTAL      MM/DD/CCYY TO DATE    TO DATE
-----
XXXXXXXXXXXXXXXXXXXX  999,999             999,999             999,999             999,999             999,999,999.99      999,999,999.99

***  END OF REPORT  ***

***  NO DATA THIS RUN  ***

```

2.8.50.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Changes to Existing segs	Number of changes to existing segments	6	Number	A_T_TPL_RESOURCE	CALCULATED
Changes to YTD Existing segs	The number of segments changed in the TPL Resource File due to the datamatch for the fiscal year.	6	Number	A_T_TPL_RESOURCE	CALCULATED

Field	Description	Length	Data Type	DB Table	DB Attributes
New Segments	The number of segments added to the TPL Resource File due to the datamatch for the month.	6	Number	A_T_TPL_RESOURCE	CALCULATED
New YTD Segments	The number of segments added to the TPL Resource File for the fiscal year.	6	Number	A_T_TPL_RESOURCE	CALCULATED
Total Amt. Cost Avoided	The total amount saved for the month through cost avoidance.	11	Number	N/A	CALCULATED
YTD Amounts Cost Avoided	The total amount saved for the year to date through cost avoidance.	11	Number	N/A	CALCULATED

2.8.50.5 Associated Programs

Program	Description
tpl0390m	Cost Savings Reports
copy2routedir	Copy Reports to Router

2.8.50.6 Associated Requirements

ID
30.090.004.003.1

2.8.50.7 Change Orders

ID	Name	Description
455	Cost Savings Report	Create report to display the amount cost-avoided due to the Commercial datamatch process.

ID	Name	Description
4815	modify table for TPL editing	Modify programs to use the table that claims is going to be created for TPL editing. Also converted claims will have legacy edits, programs will need to be changed to take this into consideration.
7462	TPL-0390-M is not pop correctly	TPL-0390-M is not populating the date within the total amt column. See attached. The column in the actual report shows mm/dd/ccyy instead of an actual date. This also occurs in the TPL-391-M

2.8.51 TPL-0391-M -- Third Party Contractor Cost Savings

This is the cost savings report. This report lists the grand total counts of segments MTD, YTD, Changes to segments MTD and YTD and amounts MTD and YTD cost-avoided due to the TPL Contractor Commercial data match process.

2.8.51.1 Technical Name

TPL-0391-M

2.8.51.2 Sort Order

Carrier Name

2.8.51.3 Third Party Contractor Cost Savings Layout

```

Report   : TPL-0391-M                COMMONWEALTH OF KENTUCKY                Run Date: MM/DD/CCYY
Process  : TPLJMKXX                 MEDICAID MANAGEMENT INFORMATION SYSTEM        Run Time:  99:99:99
Location: TPLXXXXX                 THIRD PARTY CONTRACTOR COST SAVINGS          Page:      9999

```

COMMERCIAL	NEW SEGMENTS MONTHLY TOTAL	NEW YTD SEGMENTS MONTHLY TOTAL	CHANGES TO EXISTING SEGS MONTHLY TOTAL	CHANGES TO YTD EXISTING SEGS MONTHLY TOTAL	TOTAL AMT. COST AVOIDED MM/DD/CCYY TO DATE	YTD AMOUNTS COST AVOIDED TO DATE
XXXXXXXXXXXXXXXXXXXX	999,999	999,999	999,999	999,999	999,999,999.999	999,999,999.99

*** END OF REPORT ***

*** NO DATA THIS RUN ***

2.8.51.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Changes to Existing Segs Monthly Total	Number of changes to existing segments	6	Number	A_T_TPL_RESOURCE	CALCULATED
Changes to YTD Existing Segs Monthly Total	The number of segments changed in the TPL Resource File due to the datamatch for the fiscal year	6	Number	A_T_TPL_RESOURCE	CALCULATED

Field	Description	Length	Data Type	DB Table	DB Attributes
Commercial	The name of the commercial datamatch carrier	18	Char	T_TPL_CARRIER	NAM_BUS
New Segments Monthly Total	The number of segments added to the TPL Resource File due to the datamatch for the month	6	Number	A_T_TPL_RESOURCE	CALCULATED
New YTD Segments Monthly Total	The number of segments added to the TPL Resource File for the fiscal year	6	Number	A_T_TPL_RESOURCE	CALCULATED
Total Amt Cost Avoided MM/DD/CCYY to Date	This is the total amount that was cost avoided	0	Number	N/A	CALCULATED
YTD Amounts Cost Avoided to Date	This is the total amount that have been cost avoided since last year	0	Number	N/A	CALCULATED

2.8.51.5 Associated Programs

Program	Description
tpl0390m	Cost Savings Reports
copy2routedir	Copy Reports to Router

2.8.51.6 Associated Requirements

ID
30.090.004.003.1

2.8.51.7 Change Orders

ID	Name	Description
455	Cost Savings Report	Create report to display the amount cost-avoided due to the Commercial datamatch process.
4815	modify table for TPL editing	Modify programs to use the table that claims is going to be created for TPL editing. Also converted claims will have legacy edits, programs will need to be changed to take this into consideration.
7462	TPL-0390-M is not pop correctly	TPL-0390-M is not populating the date within the total amt column. See attached. The column in the actual report shows mm/dd/ccyy instead of an actual date. This also occurs in the TPL-391-M

2.8.52 TPL-0400-M -- TPL Carrier Collection

This report provides totals for claims, and for the amount billed, collected, and denied for each carrier.

2.8.52.1 Technical Name

TPL-0400-M

2.8.52.2 Sort Order

Refers to program TPL-01401W, not listed

2.8.52.3 TPL Carrier Collection Layout

Report : TPL-0400-M
Process : TPLJMXXX
Location: TPLXXXXX

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
TPL CARRIER COLLECTION REPORT

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 9999

```

USER ID: XXX
CARRIER NUMBER      CARRIER NAME      TOTAL CLAIMS      AMT BILLED      AMT RECVD      TOT DENIED
-----
XXXXXXXXX            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  999,999      999,999,999.99  999,999,999.99  999,999
TOTAL COLLECTIONS:      999,999      999,999,999.99  999,999,999.99  999,999

```

```

USER ID: XXX
CARRIER NUMBER      CARRIER NAME      TOTAL CLAIMS      AMT BILLED      AMT RECVD      TOT DENIED
-----
XXXXXXXXX            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  999,999      999,999,999.99  999,999,999.99  999,999
TOTAL COLLECTIONS:      999,999      999,999,999.99  999,999,999.99  999,999

```

*** END OF REPORT ***

*** NO DATA THIS RUN ***

2.8.52.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Amt Billed	Amount billed	11	Decimal	N/A	CALCULATED
Amt Recd	Amount Received	11	Decimal	N/A	CALCULATED

Field	Description	Length	Data Type	DB Table	DB Attributes
Carrier Name	Carrier Name / Contact	40	Char	T_TPL_CARRIER	NAM_BUS
Carrier Number	The unique identifier of the carrier.	7	Char	T_TPL_CARRIER	CDE_CARRIER
Total Claims	Total Number of Claims	6	Number	T_TPL_RESOURCE	CALCULATED
Total Denied	Total Coverages Denied	6	Number	T_COVERAGE_XREF	CALCULATED
UserId	The user ID.	3	Char	T_ANALYST	ID_CLERK

2.8.52.5 Associated Programs

Program	Description
tpl0410w	TPL Questionnaire Error Report

2.8.52.6 Associated Requirements

ID
30.090.004.003.1

2.8.52.7 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.8.53 TPL-0400-W -- HIPP Past Due Enrollment 35 Days

Report contains information on members who are past due 35 days on their HIPP enrollment.

2.8.53.1 Technical Name

TPL-0400-W

2.8.53.2 Sort Order

Clerk ID, HIPP ID

2.8.53.3 HIPP Past Due Enrollment 35 Days Layout

Report : TPL-0400-W

Process : TPLJW400

Location: TPL0400W

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
HIPP PAST DUE ENROLLMENT 35 DAYS

Run Date: MM/DD/CCYY

Run Time: 99:99:99

Page: 9999

CLERK ID : XXXXXXXX

HIPP ID	CASE LAST NAME	FIRST NAME	DATE OF REQUEST	STATUS CODE
XXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	MM/DD/CCYY	XX
XXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	MM/DD/CCYY	XX
XXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	MM/DD/CCYY	XX
XXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	MM/DD/CCYY	XX

*** END OF REPORT ***

*** NO DATA THIS RUN ***

2.8.53.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
CASE LAST NAME	The policyholder last name.	15	Character	T_POLICY_HOLDER	NAM_LAST
CLERK_ID	The user who entered the request.	8	Character	A_T_HIPP_RESOURCE	NAM_USER
DATE OF REQUEST	The date the enrollment request was issued.	8	Date (MM/DD/CCYY)	T_HIPP_RESOURCE	DTE_ADDED
FIRST NAME	The policyholder first name.	13	Character	T_POLICY_HOLDER	NAM_FIRST

Field	Description	Length	Data Type	DB Table	DB Attributes
HIPP ID	The HIPP case ID.	9	Number	T_HIPP_RESOURCE	SAK_HIPP
STATUS CODE	The HIPP status code	2	Character	T_HIPP_RESOURCE	CDE_HIPP

2.8.53.5 Associated Programs

Program	Description
tpl0400w	HIPP Past Due Enrollment 35 Days

2.8.53.6 Associated Requirements

ID
30.090.004.003.1

2.8.53.7 Change Orders

ID	Name	Description
3073	HIPP Past Due Enrollment 35 Days	This report lists HIPP cases which have been pending the return of a completed enrollment form for more than 35 days.

2.8.54 TPL-0411-W -- TPL Questionnaires and Letters Summary

This report provides the summary total of all TPL Questionnaires and Form Letters generated by form type.

2.8.54.1 Technical Name

TPL-0411-W

2.8.54.2 Sort Order

N/A – Totals Only

For readability, the report layout displays on the next page.

2.8.54.3 TPL Questionnaires and Letters Summary Layout

Report : TPL-0411-W
Process : TPLJWXXX
Location: TPLXXXXX

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
TPL QUESTIONNAIRES AND LETTERS SUMMARY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 9999

```
INPUT QUESTIONNAIRES      =                99,999
-----
OUTPUT QUESTIONNAIRES BY TYPE      ***
-----
XXXXXXXXXX - XXX99 =                9,999
XXXXXXXXXX - XXX99 =                9,999
XXXXXXXXXX - XXX99 =                9,999
XXXXXXXXXX - XXX99 =                 999
XXXXXXXXXXXXXXXXXXXX - XXX99 =            9,999
XXXXXXXXXXXXXXXXXXXX - XXX99 =                 9
XXXXXXXXXXXXXXXXXXXX - XXX99 =                 9
XXXXXXXXXXXX - XXX99 =                 99
TOTAL QUESTIONNAIRES >>                99,999
-----
RECIPIENT QUESTIONNAIRES BREAKDOWN      ***
-----
XXXXXXXXXX XXXXXXXX - XXX99 =            9,999
XXXXXXXXXX XXXXXXXX - XXX99 =            9,999
INPUT REFUND LETTERS =                 9
-----
OUTPUT CASH RECORDS BY TYPE      ***
-----
XXXXXXXXXX - XXX99 =                 9
XXXXXXXXXX - XXX99 =                 9
XXXXXXXXXX - XXX99 =                 9
TOTAL REFUND LETTERS >>                 9
INPUT BILLING LETTERS =                99
-----
OUTPUT BILL RECORDS BY TYPE      ***
-----
XXXXXXXXXXXXXXXXXXXX - XXX99 =                 9
XXXXXXXXXXXXXXXXXXXX - XXX99 =                 9
XXXXXXXXXXXXXXXXXXXX - XXX99 =                 9
XXXXXXXXXXXXXXXXXXXX - XXX99 =                 9
TOTAL BILLING LETTERS >>                 9
* TOTAL DOCUMENTS GENERATED =            99,999
```

*** END OF REPORT ***
*** NO DATA THIS RUN ***

2.8.54.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Input Billing Letters	The total number of all billing letter requested	9	Number	CALCULATED	N/A
Input Questionnaires	The total number of questionnaires requested.	9	Number	CALCULATED	N/A
Input Refund Letters	The total number of Cash Control Refund letters requested	9	Number	CALCULATED	N/A
Output Bill Records By Type	The total number by type of billing letter forms processed	9	Number	CALCULATED	N/A
Output Cash Records By Type	The total number of Cash Control Refund letters processed by type	9	Number	CALCULATED	N/A
Output Questionnaires by Type	The total number of questionnaire by type that were processed.	9	Number	CALCULATED	N/A
Recipient Questionnaires Breakdown	The total number of Suspect and Indicatory questionnaires sent	9	Number	CALCULATED	N/A
Total Billing Letters	The total number of all billing letter forms processed	9	Number	CALCULATED	N/A
Total Documents Generated	The total number of all documents processed	9	Number	CALCULATED	N/A
Total Questionnaires	The total number of questionnaires that were processed	9	Number	CALCULATED	N/A
Total Refund Letters	The total number of Cash Control Refund letters processed	9	Number	CALCULATED	N/A

2.8.54.5 Associated Programs

Program	Description
tpl0410w	TPL Questionnaire Error Report

2.8.54.6 Associated Requirements

ID
30.090.004.003.1

2.8.54.7 Change Orders

ID	Name	Description
457	Questionnaire Error Report	There is a need to create reports that show what correspondence has been sent to the printer and what correspondence has errored off.
8680	TPL Cycle Issues	Various fixes for cycle issues.

2.8.55 TPL-0415-D -- Daily TPL Questionnaires to be Printed

This report provides a detail listing of all TPL Questionnaires and Letters to be printed for the day.

2.8.55.1 Technical Name

TPL-0415-D

2.8.55.2 Sort Order

Form

2.8.55.3 Daily TPL Questionnaires to be Printed Layout

```
Report   : TPL-0415-D          COMMONWEALTH OF KENTUCKY          Run Date: MM/DD/CCYY
Process  : TPLJD415           MEDICAID MANAGEMENT INFORMATION SYSTEM Run Time:  HH:MI:SS
Location: TPL0415D           DAILY TPL QUESTIONNAIRES TO BE PRINTED FOR MM/DD/CCYY Page:      99999
                                DETAIL LISTING
```

FORM	ITEM	CARRIER	MEMBER ID	OTHER RELEVANT INFORMATION
TPL-9007-W	999999	XXXXXXX	XXXXXXXXXXXX	POLICY NUMBER: XXXXXXXXXXXXXXXXXXXX POLHDLR NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXX
TPL-9008-W	999999		XXXXXXXXXXXX	PROVIDER ID: XXXXXXXXXXXXXXXXXXXX PROV NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXX
TPL-9010-W	999999		XXXXXXXXXXXX	MEMBER: XXXXXXXXXXXXXXXXXXXXXXXXXXXX
TPL-9015-D	999999		XXXXXXXXXXXX	MEMBER: XXXXXXXXXXXXXXXXXXXXXXXXXXXX
TPL-9515-R	999999		XXXXXXXXXXXX	ABSENT PARENT/CHILD: XXXXXXXXXXXXXXXXXXXX / XXXXXXXXXXXXXXXXXXXX
TPL-9516-D	999999		XXXXXXXXXXXX	ABSENT PARENT/CHILD: XXXXXXXXXXXXXXXXXXXX / XXXXXXXXXXXXXXXXXXXX
TPL-9520-R	999999	XXXXXXX	XXXXXXXXXXXX	MEMBER BILLED: XXXXXXXXXXXXXXXXXXXX
TPL-9522-R	999999	UNKNOWN	XXXXXXXXXXXX	PROVIDER NO: XXXXXXXXXXXX PROVIDER NAME: XXXXXXXXXXXXXXXXXXXX
TPL-9521-W	999999		XXXXXXXXXXXX	SECOND BILLING FOR MEMBER: XXXXXXXXXXXXXXXXXXXX
TPL-9523-R	999999		XXXXXXXXXXXX	FORM TYPE: XXXXXXXXXX (XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX)
TPL-9524-D	999999		XXXXXXXXXXXX	FORM TYPE: XXXXXXXXXX (XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX)
TPL-9535-D	999999		XXXXXXXXXXXX	MEMBER: XXXXXXXXXXXXXXXXXXXX
TPL-9540-R	999999	XXXXXXX	XXXXXXXXXXXX	PAYEE NAME:XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX CCN:XXXXXXXXXX CHK:XXXXXXXX \$999999999.99 (check)
TPL-9540-R	999999	XXXXXXX	XXXXXXXXXXXX	PAYEE NAME:XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (PROV NO: XXXXXXXXXXXXX) (provider)
TPL-9540-R	999999	XXXXXXX	XXXXXXXXXXXX	PAYEE NAME:XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (recipient)

```
*** END OF REPORT ***
*** NO DATA THIS RUN ***
```

(this and the following lines are not to be printed in the report; they are for information only)

- The date appearing in the "DAILY TPL QUESTIONNAIRES TO BE PRINTED FOR" heading may not necessarily be the same as the "Run Date" heading's date.
- The following report types are currently being processed and output to this report in the order shown:
 - TPL-9007-W
 - TPL-9008-W
 - TPL-9010-W
 - TPL-9015-D
 - TPL-9515-R
 - TPL-9516-D
 - TPL-9520-R
 - TPL-9521-W
 - TPL-9522-R
 - TPL-9523-R
 - TPL-9524-D
 - TPL-9535-D
 - TPL-9540-R
- The first of each report type will begin on a new page.
The above report lines show each report type's output as it may appear in the report
(for the sake of brevity, the page breaks between report types are not shown in the above layout).
- Certain fields may be purposely omitted if there is no corresponding value for that record's field or within that report.
They are clearly shown, above.
- Certain fields for any given record may be left blank,
if their corresponding value was not found in the database or was found but was invalid.
- Reports having no corresponding records will not be included or mentioned in the report.
- TPL-9540-R has three possible output lines, depending on the payee type.
The word in yellow highlight at the end of that line indicates the general type of information
(the yellow highlighted word is not part of the report).
Note that the "Recipient" line is currently using the "Check" line for its output
(i.e., the "Recipient" line is not currently being used).

2.8.55.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Carrier	The Carrier ID number for the Questionnaires	7	Char	T_TPL_CARRIER	CDE_CARRIER
Form	The form type of the questionnaire or letter	10	Char	T_LG_LETTER_TEMPLATE	ID_LETTER
Item	The sequential counter for the questionnaire or letter	9	Number	N/A	CALCULATED
Member Id	The Member ID for the questionnaire or letter	12	Char	T_RE_BASE	ID_MEDICAID
Other Relevant Information	Additional information printed on the questionnaire or letter related to the specific form type processed.	55	Char	CALCULATED	N/A

2.8.55.5 Associated Programs

Program	Description
tpl0415d	TPL Questionnaires to be Printed

2.8.55.6 Associated Requirements

ID
30.090.004.003.1

2.8.55.7 Change Orders

ID	Name	Description
2038	Daily Questionnaires to be print	Create the Daily Questionnaires to be Printed report
2190	Promote to MO	Promotes CORE change orders to KY Test/MO
8240	Add letters to the TPL-0415-D	Add letters to report on the TPL-0415-D that were left out of the original CO.

ID	Name	Description
8888	TPL-0415-D	Modify the program that produces the TPL-0415-D. The information for the TPL-9540-R letters are incorrect.

2.8.56 TPL-0420-M -- DCSE Datamatch Report - Resource Records Added

This report lists the adds applied to the TPL Resource File as a result of the Division of Child Support Enforcement services data match update process.

2.8.56.1 Technical Name

TPL-0420-M

2.8.56.2 Sort Order

Member SSN

For readability the layout displays on the next page.

2.8.56.3 DCSE Datamatch Report - Resource Records Added Layout

Report : TPL-0420-M
 Process : TPLJM420
 Location: TPL0420M

COMMONWEALTH OF KENTUCKY
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 DIVISION OF CHILD SUPPORT ENFORCEMENT
 DATAMATCH REPORT - RESOURCE RECORDS ADDED

Run Date: MM/DD/CCYY
 Run Time: 99:99:99
 Page: 9999

MEMBER ID MEMBER NAME -----	MEMBER DATE OF BIRTH -----	ABSENT PARENT NAME ABSENT PARENT ADDRESS -----	ABSENT PARENT SSN -----	ABSENT PARENT DATE OF BIRTH -----
XXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	MM/DD/CCYY	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXX XX 99999-9999	999999999	MM/DD/CCYY
XXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	MM/DD/CCYY	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXX XX 99999-9999	999999999	MM/DD/CCYY
XXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	MM/DD/CCYY	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXX XX 99999-9999	999999999	MM/DD/CCYY
XXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	MM/DD/CCYY	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXX XX 99999-9999	999999999	MM/DD/CCYY
XXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	MM/DD/CCYY	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXX XX 99999-9999	999999999	MM/DD/CCYY

*** END OF REPORT ***

*** NO DATA THIS RUN ***

2.8.56.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Absent Parent Address	Absent Parent Street Address	31	Char	T_TPL_AC_PARENT	ADR_STREET_1+ADR_STREET_2

Field	Description	Length	Data Type	DB Table	DB Attributes
Absent Parent Date Of Birth	Absent Parent Date of Birth	8	Date (MM/DD/CCYY)	T_TPL_AC_PARENT	DTE_BIRTH
Absent Parent Name	Absent Parent Name (Last , First)	31	Char	T_TPL_AC_PARENT	CONCATENATED NAM_LAST+NAM_FIRST
Absent Parent SSN	Absent Parent SSN	9	Number	T_TPL_AC_PARENT	NUM_SSN
City	City of residence	18	Char	T_TPL_AC_PARENT	ADR_CITY
Member Date Of Birth	Member Date of Birth	8	Date (MM/DD/CCYY)	T_RE_BASE	DTE_BIRTH
Member ID	The member's Medicaid ID.	12	Char	T_RE_BASE	ID_MEDICAID
Member Name	Members Name (Last , First)	30	Char	T_RE_BASE	CONCATENATED NAM_LAST+NAM_FIRST
ST	State	2	Char	T_TPL_AC_PARENT	ADR_STATE
Zip	Zip code (5+4)	9	Char	T_TPL_AC_PARENT	ADR_ZIP+ADR_ZIP_4

2.8.56.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.56.6 Associated Requirements

ID
30.090.004.002.20
30.090.004.003.1

ID
30.090.004.004.3

2.8.56.7 Change Orders

ID	Name	Description
182	TPL Interface from DCSE	Add functionality to perform Absent Parent data match with Division of Child Support Enforcement. Create a process to accept Absent Parent information from DCSE. After processing Absent Parent file create a copy of the file and FTP to PCG.

2.8.57 TPL-0421-M -- DCSE Datamatch Report - Resource Records Updated

This report lists the updates applied to the TPL Resource File as a result of the Division of Child Support Enforcement services datamatch update process.

2.8.57.1 Technical Name

TPL-0421-M

2.8.57.2 Sort Order

Member SSN

For readability the layout displays on the next page.

2.8.57.3 DCSE Datamatch Report - Resource Records Updated Layout

Report : TPL-0421-M

Process : TPLJM420

Location: TPL0420M

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
DIVISION OF CHILD SUPPORT ENFORCEMENT
DATAMATCH REPORT - RESOURCE RECORDS UPDATED

Run Date: MM/DD/CCYY

Run Time: 99:99:99

Page: 9999

MEMBER ID MEMBER NAME -----	MEMBER DATE OF BIRTH -----	ABSENT PARENT NAME ABSENT PARENT ADDRESS -----	ABSENT PARENT SSN -----	ABSENT PARENT DATE OF BIRTH -----
XXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	MM/DD/CCYY	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XX 99999-9999	999999999	MM/DD/CCYY
XXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	MM/DD/CCYY	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XX 99999-9999	999999999	MM/DD/CCYY
XXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	MM/DD/CCYY	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XX 99999-9999	999999999	MM/DD/CCYY
XXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	MM/DD/CCYY	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XX 99999-9999	999999999	MM/DD/CCYY
XXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	MM/DD/CCYY	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XX 99999-9999	999999999	MM/DD/CCYY

*** END OF REPORT ***

*** NO DATA THIS RUN ***

2.8.57.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Absent Parent Address	Absent Parent Street Address	31	Char	T_TPL_AC_PARENT	ADR_STREET_1+ADR_STREET_2
Absent Parent Date Of Birth	Absent Parent Date of Birth	8	Date (MM/DD/CCYY)	T_TPL_AC_PARENT	DTE_BIRTH
Absent Parent Name	Absent Parent Name (Last , First)	31	Char	T_TPL_AC_PARENT	CONCATENATED NAM_LAST+NAM_FIRST
Absent Parent SSN	Absent Parent SSN	9	Number	T_TPL_AC_PARENT	NUM_SSN
City	City of residence	18	Char	T_TPL_AC_PARENT	ADR_CITY
Member Date Of Birth	Member Date of Birth	8	Date (MM/DD/CCYY)	T_RE_BASE	DTE_BIRTH
Member ID	Members Unique Identifier	12	Char	T_RE_BASE	ID_MEDICAID
Member Name	Members Name (Last , First)	30	Char	T_RE_BASE	CONCATENATED NAM_LAST+NAM_FIRST
ST	State	2	Char	T_TPL_AC_PARENT	ADR_STATE
Zip	Zip code (5+4)	9	Char	T_TPL_AC_PARENT	ADR_ZIP+ADR_ZIP_4

2.8.57.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.57.6 Associated Requirements

ID
30.090.004.002.20

ID
30.090.004.003.1
30.090.004.004.3

2.8.57.7 Change Orders

ID	Name	Description
182	TPL Interface from DCSE	Add functionality to perform Absent Parent data match with Division of Child Support Enforcement. Create a process to accept Absent Parent information from DCSE. After processing Absent Parent file create a copy of the file and FTP to PCG.

2.8.58 TPL-0422-M -- DCSE Datamatch Report - Error

This report lists the errors found during processing the add/updates to the TPL Resource File as a result of the Division of Child Support Enforcement services data match update process.

2.8.58.1 Technical Name

TPL-0422-M

2.8.58.2 Sort Order

Member SSN

For readability the layout displays on the next page.

2.8.58.3 DCSE Datamatch Report - Error Layout

Report : TPL-0422-M

Process : TPLJMXXX

Location: TPLXXXXX

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
DIVISION OF CHILD SUPPORT ENFORCEMENT
DATAMATCH REPORT - ERROR REPORT

Run Date: MM/DD/CCYY

Run Time: 99:99:99

Page: 9999

MEMBER ID MEMBER NAME	MEMBER DATE OF BIRTH	ABSENT PARENT NAME ABSENT PARENT ADDRESS	ABSENT PARENT SSN	ABSENT PARENT DATE OF BIRTH	ERROR MESSAGE
XXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	MM/DD/CCYY XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXX XX 99999-9999	999999999	MM/DD/CCYY	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	MM/DD/CCYY XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXX XX 99999-9999	999999999	MM/DD/CCYY	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	MM/DD/CCYY XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXX XX 99999-9999	999999999	MM/DD/CCYY	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	MM/DD/CCYY XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXX XX 99999-9999	999999999	MM/DD/CCYY	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	MM/DD/CCYY XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXX XX 99999-9999	999999999	MM/DD/CCYY	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX

*** END OF REPORT ***

*** NO DATA THIS RUN ***

2.8.58.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Absent Parent Address	Absent Parent Street Address	31	Char	T_TPL_AC_PARENT	ADR_STREET_1+ADR_STREET_2
Absent Parent Date Of Birth	Absent Parent Date of Birth	8	Date (MM/DD/CCYY)	T_TPL_AC_PARENT	DTE_BIRTH
Absent Parent Name	Absent Parent Name (Last , First)	31	Char	T_TPL_AC_PARENT	CONCATENATED NAM_LAST+NAM_FIRST
Absent Parent SSN	Absent Parent SSN	9	Number	T_TPL_AC_PARENT	NUM_SSN
City	City of residence	18	Char	T_TPL_AC_PARENT	ADR_CITY
Error Message	Error Message	27	Char	T_ERROR_DISP	DSC_ERROR_STAT
Member Date Of Birth	Member's Date of Birth	8	Date (MM/DD/CCYY)	T_RE_BASE	DTE_BIRTH
Member ID	Members Unique Identifier	12	Char	T_RE_BASE	ID_MEDICAID
Member Name	Member's Name	30	Char	T_RE_BASE	CONCATENATED NAM_LAST+NAM_FIRST
ST	State	2	Char	T_TPL_AC_PARENT	ADR_STATE
Zip	Zip code (5+4)	9	Char	T_TPL_AC_PARENT	ADR_ZIP+ADR_ZIP_4

2.8.58.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.58.6 Associated Requirements

ID
30.090.004.002.20
30.090.004.003.1
30.090.004.004.3

2.8.58.7 Change Orders

ID	Name	Description
182	TPL Interface from DCSE	Add functionality to perform Absent Parent data match with Division of Child Support Enforcement. Create a process to accept Absent Parent information from DCSE. After processing Absent Parent file create a copy of the file and FTP to PCG.
5060	TPL-0422-M	The TPL-0422-M has the following errors: The word Enforcement appears in one of the titles in PWB and not in OnBase. The 4th Line in the Heading is off center (Datamatch Report - Error Report)

2.8.59 TPL-0430-W -- HIPP Correspondence History Transaction

This report lists batch update transactions for HIPP letters and questionnaires.

2.8.59.1 Technical Name

TPL-0430-W

2.8.59.2 Sort Order

HIPP Ctrl Number.

2.8.59.3 HIPP Correspondence History Transaction Layout

```
Report : TPL-0430-W                      COMMONWEALTH OF KENTUCKY      Run Date: MM/DD/CCYY
Process : TPLJWXXX                      MEDICAID MANAGEMENT INFORMATION SYSTEM  Run Time: 99:99:99
Location: TPLXXXXX                     HIPP CORRESPONDENCE HISTORY TRANSACTION Page: 9999
                                         BATCH UPDATES
```

[illegible]

2.8.59.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Case First Name	The first name of the policy holder for the HIPPA case.	13	Char	T_POLICY HOLDER	NAM_FIRST
Case Last Name	The last name of the policy holder for the HIPPA case	15	Char	T_POLICY HOLDER	NAM_LAST

Field	Description	Length	Data Type	DB Table	DB Attributes
HIPP Control Number	The unique identification key assigned to the HIPP Case.	9	Char	T_HIPP_RESOURCE	SAK_HIPP
Type Of Correspondence	The letter or questionnaire that was sent.	50	Char	N/A	CALCULATED

2.8.59.5 Associated Programs

Program	Description
tpl0430w	HIPP Correspondence

2.8.59.6 Associated Requirements

ID
30.050.004.002.18
30.090.004.002.21
30.090.004.003.1

2.8.59.7 Change Orders

ID	Name	Description
2039	HIPP Correspondence	Create the HIPP Correspondence reports

2.8.60 TPL-0440-W -- HIPP Correspondence Activity

This report lists all correspondence systematically generated during weekly HIPP processing.

2.8.60.1 Technical Name

TPL-0440-W

2.8.60.2 Sort Order

HIPP Ctrl Number

2.8.60.3 HIPP Correspondence Activity Layout

Report : TPL-0440-W
Process : TPLJW440
Location: TPL0440W

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
HIPP CORRESPONDENCE ACTIVITY
SYSTEM GENERATED

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 9999

CLERK ID: XXX

HIPP CONTROL NUMBER	CASE LAST NAME	CASE FIRST NAME	TYPE OF CORRESPONDENCE
---------------------	----------------	-----------------	------------------------

[illegible]

*** END OF REPORT ***

*** NO DATA THIS RUN ***

2.8.60.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Case First Name	The first name of the policy holder for the HIPP case.	13	Char	T_POLICY_HOLDER	NAM_FIRST
Case Last Name	The last name of the policy holder for the HIPP case	15	Char	T_POLICY_HOLDER	NAM_LAST

Field	Description	Length	Data Type	DB Table	DB Attributes
Clerk ID	The clerk who requested the letter and/or questionnaire	3	Char	A_T_TPL_LTR_RQST	ID_CLERK
HIPP Control Number	The unique identification key assigned to the HIPP Case.	9	Char	T_HIPP_RESOURCE	SAK_HIPP
Type Of Correspondence	The letter or questionnaire that was sent.	50	Char	N/A	CALCULATED

2.8.60.5 Associated Programs

Program	Description
tpl0430w	HIPP Correspondence

2.8.60.6 Associated Requirements

ID
30.050.004.002.18
30.090.004.002.21
30.090.004.003.1

2.8.60.7 Change Orders

ID	Name	Description
2039	HIPP Correspondence	Create the HIPP Correspondence reports

2.8.61 TPL-0490-R -- Policies Added From PCG Contractor Data For TPL Source Indicator 'X' - Record Code '5' Only - Activity

This report lists policies added (in the form of levels of coverage) to the TPL resource file from data supplied by the TPL contractor. Totals are generated for policies loaded, coverage's loaded, and amount to be paid to the contractor. Only record code '5' from the TPL contractor report here.

2.8.61.1 Technical Name

TPL-0490-R

2.8.61.2 Sort Order

SSN

2.8.61.3 Policies Added From PCG Contractor Data For TPL Source Indicator 'X' - Record Code '5' Only - Activity Layout

```
Report : TPL-0490-R          COMMONWEALTH OF KENTUCKY          Run Date: MM/DD/CCYY
Process : TPLJR490          MEDICAID MANAGEMENT INFORMATION SYSTEM  Run Time: 99:99:99
Location: TPL0490R          POLICIES ADDED FROM PCG CONTRACTOR DATA FOR TPL SOURCE INDICATOR 'X'  Page: 9999
                             RECORD CODE '5' ONLY
                             ACTIVITY REPORT
```

SSN	MEMBER NAME	CAR ID	CARRIER NAME	POLICY NO	COV	COV BEG DT	COV END DT	PAY
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	99	MM/DD/CCYY	MM/DD/CCYY	XXXX
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	99	MM/DD/CCYY	MM/DD/CCYY	XXXX
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	99	MM/DD/CCYY	MM/DD/CCYY	XXXX
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	99	MM/DD/CCYY	MM/DD/CCYY	XXXX
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	99	MM/DD/CCYY	MM/DD/CCYY	XXXX

PAY 50 % REASON: MEMBER ELIGIBILITY END DATE IS LESS THAN OR EQUAL LOAD DATE

TOTAL COVERAGES: 999,999

TOTAL POLICIES: 999,999

*** END OF REPORT ***

*** NO DATA THIS RUN ***

Report : TPL-0490-R
 Process : TPLJRXXX
 Location: TPLXXXXX

COMMONWEALTH OF KENTUCKY
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 POLICIES ADDED FROM PCG CONTRACTOR DATA FOR TPL SOURCE INDICATOR 'X'
 RECORD CODE '5' ONLY
 ACTIVITY REPORT

Run Date: MM/DD/CCYY
 Run Time: 99:99:99
 Page: 9999

TOTALS PAGE

	PAYMENT PERCENTAGE	PCG FEE	COV COUNT	TOTAL PAYMENT
	-----	-----	-----	-----
1.	0%	\$00.00	999,999	999,999,999.99
2.	25%	\$10.00	999,999	999,999,999.99
3.	50%	\$20.00	999,999	999,999,999.99
4.	100%	\$40.00	999,999	999,999,999.99
			=====	=====
	TOTALS		999,999	999,999,999.99

*** END OF REPORT ***

*** NO DATA THIS RUN ***

2.8.61.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
CV#	Coverage Location Number For New Level Of Coverage	2	Char	T_COVERAGE_XREF	CDE_COVERAGE
Car ID	Unique Carrier Identifier	7	Char	T_TPL_CARRIER	CDE_CARRIER
Carrier Name	Carrier Name	20	Char	T_TPL_CARRIER	NAM_BUSINESS

Field	Description	Length	Data Type	DB Table	DB Attributes
Cov	The Type Of Coverage Added	2	Char	T_COVERAGE_TYPE	CDE_COVERAGE
Cov Beg Dt	Begin Date Of The New Coverage	8	Date (MM/DD/CCYY)	T_COVERAGE_XREF	DTE_EFFECTIVE
Cov Count	Number Of Coverages For This Type Loaded By The program	6	Number	T_COVERAGE_TYPE	CALCULATED
Cov End Dt	End Date Of The New Coverage	8	Date (MM/DD/CCYY)	T_COVERAGE_XREF	DTE_END
Member Name	Members Name (Last , First)	30	Char	T_RE_BASE	CONCATENATED NAM_LAST+NAM_FIR ST
PCG Fee	PCG Fee	5	Decimal	N/A	CALCULATED
Pay	Percentage of \$40.00 To Be Paid for This New Level Of Coverage	4	Char	T_TPL_RESOURCE	CALCULATED
Payment Percentage	Payment Percentage	3	Number	N/A	CALCULATED
Policy No	Policy number	16	Char	T_TPL_RESOURCE	NUM_TPL_POLICY
SSN	Members social security number	9	Char	T_RE_BASE	ID_MEDICAID
Total Cov Count	The total number of coverages	6	Number	N/A	CALCULATED
Total Coverages	Total Coverages	11	Number	N/A	CALCULATED
Total Payment	Total Payments	11	Decimal	T_TPL_RESOURCE	CALCULATED
Total Policies	Total Policies	9	Number	N/A	CALCULATED

Field	Description	Length	Data Type	DB Table	DB Attributes
Total Total Payment	Summarized amounts of all payment percentages	11	Number	N/A	CALCULATED

2.8.61.5 Associated Programs

Program	Description
tpl0490r	Resources Updated/Added From PCG Contractor Data
tpl0490r	Resources Updated/Added From PCG Contractor Data

2.8.61.6 Associated Requirements

ID
30.090.004.002.20
30.090.004.003.1
30.090.004.003.5
30.090.004.004.7

2.8.61.7 Change Orders

ID	Name	Description
359	TPL Interface from PCG TPL info	Add functionality to interface with PCG in regards to TPL Resource information.

2.8.62 TPL-0491-R -- Policies Added From PCG Contractor Data For TPL Source Indicator 'X' - Record Code '5' Only - Error

This report lists rejected updates that occurred as a result of the Commercial Insurance Datamatch Tape update process. This report lists records rejected from the KYMT4310 process. This report list record code `5` errors from attempts to load policies (levels of coverage) to the TPL Resource file.

2.8.62.1 Technical Name

TPL-0491-R

2.8.62.2 Sort Order

SSN

2.8.62.3 Policies Added From PCG Contractor Data For TPL Source Indicator 'X' - Record Code '5' Only - Error Layout

```
Report   : TPL-0491-R                      COMMONWEALTH OF KENTUCKY                      Run Date: MM/DD/CCYY
Process  : TPLJO490                        MEDICAID MANAGEMENT INFORMATION SYSTEM          Run Time:  99:99:99
Location: TPL0490R                        POLICIES ADDED FROM PCG CONTRACTOR DATA FOR TPL SOURCE INDICATOR 'X'  Page:      9999
                                           RECORD CODE '5' ONLY
```

ERROR REPORT

SSN	MEMBER NAME	CAR ID	CARRIER NAME	POLICY NO	COV	ERROR MESSAGE
XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TOTAL ERRORS: 999,999

*** END OF REPORT ***

*** NO DATA THIS RUN ***

2.8.62.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Car ID	Unique Carrier Identifier	7	Char	T_TPL_CARRIER	CDE_CARRIER
Carrier Name	Carrier Name / Contact	30	Char	T_TPL_CARRIER	NAM_BUS

Field	Description	Length	Data Type	DB Table	DB Attributes
Cov	The Type Of Coverage Added	2	Char	T_COVERAGE_TYPE	CDE_COVERAGE
Error No / Message	Error Message	30	Char	T_ERROR_DISP	DSC_ERROR_STAT
Member Name	Members Name (Last , First)	30	Char	T_RE_BASE	CONCATENATED NAM_LAST+NAM_FI RST
Policy No	Policy number	16	Char	T_TPL_RESOURCE	NUM_TPL_POLICY
SSN	Members social security number	9	Char	T_RE_BASE	ID_MEDICAID
Total Errors	Total number of errors for this run.	6	Number	N/A	CALCULATED

2.8.62.5 Associated Programs

Program	Description
tpl0490r	Resources Updated/Added From PCG Contractor Data
tpl0490r	Resources Updated/Added From PCG Contractor Data

2.8.62.6 Associated Requirements

ID
30.090.004.002.20
30.090.004.003.1
30.090.004.003.5
30.090.004.004.7

2.8.62.7 Change Orders

ID	Name	Description
359	TPL Interface from PCG TPL info	Add functionality to interface with PCG in regards to TPL Resource information.

2.8.63 TPL-0492-R -- Policies Added From PCG Contractor Data For TPL Source Indicator 'X' - Record Code '5' - Managed Care Only

This report lists policies added (in the form of levels of coverage) to the TPL Resource file from data supplied by the TPL Contractor. Totals are generated for policies loaded, coverage's loaded, and amount to be paid to the contractor. Only record code '5' from the TPL Contractor report here. Managed Care only.

2.8.63.1 Technical Name

TPL-0492-R

2.8.63.2 Sort Order

SSN

For readability, the report layout displays on the next page.

2.8.63.3 Policies Added From PCG Contractor Data For TPL Source Indicator 'X' - Record Code '5' - Managed Care Only Layout

Report : TPL-0492-R COMMONWEALTH OF KENTUCKY Run Date: MM/DD/CCYY
 Process : TPLJR490 MEDICAID MANAGEMENT INFORMATION SYSTEM Run Time: 99:99:99
 Location: TPL0490R POLICIES ADDED FROM PCG CONTRACTOR DATA FOR TPL SOURCE INDICATOR 'X' - MANAGED CARE ONLY Page: 9999
 RECORD CODE '5' ONLY
 ACTIVITY REPORT

SSN	MEMBER NAME	CAR ID	CARRIER NAME	POLICY NO	COV	COV BEG DT	COV END DT	PAY
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	99	MM/DD/CCYY	MM/DD/CCYY	XXXX
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	99	MM/DD/CCYY	MM/DD/CCYY	XXXX
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	99	MM/DD/CCYY	MM/DD/CCYY	XXXX
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	99	MM/DD/CCYY	MM/DD/CCYY	XXXX
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	99	MM/DD/CCYY	MM/DD/CCYY	XXXX

PAY 50 % REASON: MEMBER ELIGIBILITY END DATE IS LESS THAN OR EQUAL LOAD DATE

TOTAL COVERAGES: 99

TOTAL POLICIES: 99

*** END OF REPORT ***

*** NO DATA THIS RUN ***

Report : TPL-0492-R COMMONWEALTH OF KENTUCKY Run Date: MM/DD/CCYY
 Process : TPLJRXXX MEDICAID MANAGEMENT INFORMATION SYSTEM Run Time: 99:99:99
 Location: TPLXXXXX POLICIES ADDED FROM PCG CONTRACTOR DATA FOR TPL SOURCE INDICATOR 'X' - MANAGED CARE ONLY Page: 9999
 RECORD CODE '5' ONLY
 ACTIVITY REPORT

TOTALS PAGE

	PAYMENT PERCENTAGE	PCG FEE	COV COUNT	TOTAL PAYMENT
1.	0%	\$00.00	999,999	999,999,999.99
2.	25%	\$10.00	999,999	999,999,999.99
3.	50%	\$20.00	999,999	999,999,999.99
4.	100%	\$40.00	999,999	999,999,999.99
TOTALS			999,999	999,999,999.99

*** END OF REPORT ***

*** NO DATA THIS RUN ***

2.8.63.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
COV	The Type Of Coverage Added	2	Char	T_COVERAGE_TYPE	CDE_COVERAGE
CV#	Coverage Location Number For New Level Of Coverage	2	Char	T_COVERAGE_XREF	CDE_COVERAGE
Car ID	Unique Carrier Identifier	7	Char	T_TPL_CARRIER	CDE_CARRIER
Carrier Name	Carrier Name	20	Char	T_TPL_CARRIER	NAM_BUS
Cov Beg Dte	Begin Date Of The New Coverage	8	Char	T_COVERAGE_XREF	DTE_EFFECTIVE
Cov Count	Number Of Coverages For This Type Loaded By The program	6	Number	T_COVERAGE_TYPE	CALCULATED
Cov End Dte	End Date Of The New Coverage	8	Char	T_COVERAGE_XREF	DTE_END
Member Name	Members Name (Last , First)	30	Char	T_RE_BASE	CONCATENATED NAM_LAST+NAM_FIRST
Pay	Percentage of \$40.00 To Be Paid for This New Level Of Coverage	4	Char	T_TPL_RESOURCE	CALCULATED
Policy No	Policy number	16	Char	T_TPL_RESOURCE	NUM_TPL_POLICY
SSN	Members social security number	9	Char	T_RE_BASE	ID_MEDICAID
Seg	Segment Number Of New Level Of Coverage	2	Char	A_T_TPL_RESOURCE	CALCULATED

Field	Description	Length	Data Type	DB Table	DB Attributes
Total Cov Count	Total Coverage Counts within each payment percentage	6	Number	N/A	CALCULATED
Total Coverages	Total Coverages Loaded	2	Number	N/A	CALCULATED
Total Payment	Total TPL Payments within each payment percentage	11	Number	N/A	CALCULATED
Total Policies	Total Policies Loaded	2	Number	N/A	CALCULATED
Total Total Payment	Summarized amounts of all payment percentages	11	Number	N/A	CALCULATED

2.8.63.5 Associated Programs

Program	Description
tpl0490r	Resources Updated/Added From PCG Contractor Data
tpl0490r	Resources Updated/Added From PCG Contractor Data

2.8.63.6 Associated Requirements

ID
30.090.004.002.20
30.090.004.003.1
30.090.004.003.5
30.090.004.004.7

2.8.63.7 Change Orders

ID	Name	Description
359	TPL Interface from PCG TPL info	Add functionality to interface with PCG in regards to TPL Resource information.

2.8.64 TPL-0500-R -- Policies Added From PCG Contractor Data For TPL Source Indicator 'Y' - Record Code '7' Only - Activity

This report lists policies added (in the form of levels of coverage) to the TPL Resource file from data supplied by the TPL Contractor. Totals are generated for policies loaded, coverage's loaded, and amount to be paid to the contractor. Only record code '7' from the TPL Contractor report here.

2.8.64.1 Technical Name

TPL-0500-R

2.8.64.2 Sort Order

Member ID

For readability, the report layout displays on the next page.

2.8.64.3 Policies Added From PCG Contractor Data For TPL Source Indicator 'Y' - Record Code '7' Only - Activity Layout

Report : TPL-0500-R
 Process : TPLJ0500
 Location: TPL0490R

COMMONWEALTH OF KENTUCKY
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 POLICIES ADDED FROM PCG CONTRACTOR DATA FOR TPL SOURCE INDICATOR 'Y'
 RECORD CODE '7' ONLY
 ACTIVITY REPORT

Run Date: MM/DD/CCYY
 Run Time: 99:99:99
 Page: 9999

SSN	MEMBER NAME	CAR ID	CARRIER NAME	POLICY NO	COV	COV BEG DT	COV END DT	PAY
XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	99	MM/DD/CCYY	MM/DD/CCYY	XXXX
XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	99	MM/DD/CCYY	MM/DD/CCYY	XXXX
XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	99	MM/DD/CCYY	MM/DD/CCYY	XXXX
XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	99	MM/DD/CCYY	MM/DD/CCYY	XXXX
XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	99	MM/DD/CCYY	MM/DD/CCYY	XXXX

TOTAL COVERAGES: 999,999

TOTAL POLICIES: 999,999

*** END OF REPORT ***

*** NO DATA THIS RUN ***

Report : TPL-0500-R
 Process : TPLJRXXX
 Location: TPLXXXXX

COMMONWEALTH OF KENTUCKY
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 POLICIES ADDED FROM PCG CONTRACTOR DATA FOR TPL SOURCE INDICATOR 'Y'
 RECORD CODE '7' ONLY
 ACTIVITY

Run Date: MM/DD/CCYY
 Run Time: 99:99:99
 Page: 9999

REPORT

TOTALS PAGE

	PAYMENT PERCENTAGE	PCG FEE	COV COUNT	TOTAL PAYMENT
1.	0%	\$00.00	999,999	999,999,999.99
2.	25%	\$10.00	999,999	999,999,999.99
3.	50%	\$20.00	999,999	999,999,999.99
4.	100%	\$40.00	999,999	999,999,999.99
=====				
TOTALS			999,999	999,999,999.99

*** END OF REPORT ***

*** NO DATA THIS RUN ***

2.8.64.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
CV#	Coverage Location Number For New Level Of Coverage	2	Char	T_COVERAGE_XREF	CDE_COVERAGE
Car ID	Unique Carrier Identifier	7	Char	T_TPL_CARRIER	CDE_CARRIER
Carrier Name	The name of the carrier	45	Char	T_TPL_CARRIER	NAM_BUS
Cov	The Type Of Coverage Added	2	Char	T_COVERAGE_TYPE	CDE_COVERAGE
Cov Beg Dt	Begin Date Of The New Coverage	8	Date (MM/DD/CCYY)	T_COVERAGE_XREF	DTE_EFFECTIVE
Cov Count	Number of coverages for this type, loaded by the program	6	Number	N/A	CALCULATED
Cov End Dt	End Date Of The New Coverage	8	Date (MM/DD/CCYY)	T_COVERAGE_XREF	DTE_END
Member Name	Member's Name (Last , First)	30	Char	T_RE_BASE	CONCATENATED NAM_LAST+NAM_FIRST
PCG Fee	Fee For Each Percentage	4	Decimal	N/A	CALCULATED
Pay	Percentage of \$40.00 To Be Paid for This New Level Of Coverage	4	Char	T_TPL_RESOURCE	CALCULATED
Payment Percentage	Percentage of \$70.00 To Be Paid for This New Level Of Coverage	3	Number	N/A	CALCULATED
Policy No	Policy number	16	Char	T_TPL_RESOURCE	NUM_TPL_POLICY
SSN	Member's social security number	9	Char	MEDICAID_ID	T_RE_BASE

Field	Description	Length	Data Type	DB Table	DB Attributes
Total Cov Count	Total Coverage Counts within each payment percentage	6	Number	N/A	CALCULATED
Total Coverages	Total Coverages Added	6	Number	T_TPL_RESOURCE	CALCULATED
Total Payment	Total Of Possible Payments Due PCG	11	Decimal	N/A	CALCULATED
Total Policies	Total Number of Policies	6	Number	T_TPL_RESOURCE	CALCULATED
Total Total Payment	Summarized amounts of all payment percentages	11	Number	N/A	CALCULATED

2.8.64.5 Associated Programs

Program	Description
copy2routedir	Copy Reports to Router
tpl0490r	Resources Updated/Added From PCG Contractor Data

2.8.64.6 Associated Requirements

ID
30.090.004.002.20
30.090.004.003.1
30.090.004.003.5
30.090.004.004.7

2.8.64.7 Change Orders

ID	Name	Description
359	TPL Interface from PCG TPL info	Add functionality to interface with PCG in regards to TPL Resource information.

Field	Description	Length	Data Type	DB Table	DB Attributes
Error No / Message	Error Message	30	Char	T_ERROR_DISP	DSC_ERROR_STAT
Member ID	Members Unique Identifier	12	Char	T_RE_BASE	ID_MEDICAID
Member Name	Members Name (Last , First)	30	Char	T_RE_BASE	CONCATENATED NAM_LAST+NAM_FIRST
Policy No	Policy number	16	Char	T_TPL_RESOURCE	NUM_TPL_POLICY
Total Errors	Total number of error messages printed	6	Number	N/A	CALCULATED

2.8.65.5 Associated Programs

Program	Description
copy2routedir	Copy Reports to Router
tpl0490r	Resources Updated/Added From PCG Contractor Data

2.8.65.6 Associated Requirements

ID
30.090.004.002.20
30.090.004.003.1
30.090.004.003.5
30.090.004.004.7

2.8.65.7 Change Orders

ID	Name	Description
359	TPL Interface from PCG TPL info	Add functionality to interface with PCG in regards to TPL Resource information.

2.8.66 TPL-0510-R -- Policies Added From PCG Contractor Data For TPL Source Indicator 'Z' - Record Code '9' Only - Activity

This report lists policies added (in the form of levels of coverage) to the TPL Resource file from data supplied by the TPL Contractor. Totals are generated for policies loaded, coverage's loaded, and amount to be paid to the contractor. Only record code '9' from the TPL Contractor reports here.

2.8.66.1 Technical Name

TPL-0510-R

2.8.66.2 Sort Order

Member ID

For readability, the report layout displays on the next page.

2.8.66.3 Policies Added From PCG Contractor Data For TPL Source Indicator 'Z' - Record Code '9' Only - Activity Layout

Report : TPL-0510-R
 Process : TPLJO0510
 Location: TPL0490R

COMMONWEALTH OF KENTUCKY
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 POLICIES ADDED FROM PCG CONTRACTOR DATA FOR TPL SOURCE INDICATOR 'Z'
 RECORD CODE '9' ONLY
 ACTIVITY REPORT

Run Date: MM/DD/CCYY
 Run Time: 99:99:99
 Page: 9999

SSN	MEMBER NAME	CAR ID	CARRIER NAME	POLICY NO	COV	COV BEG DT	COV END DT	PAY
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	99	MM/DD/CCYY	MM/DD/CCYY	XXXX
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	99	MM/DD/CCYY	MM/DD/CCYY	XXXX
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	99	MM/DD/CCYY	MM/DD/CCYY	XXXX
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	99	MM/DD/CCYY	MM/DD/CCYY	XXXX
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	99	MM/DD/CCYY	MM/DD/CCYY	XXXX

PAY 50 % REASON: MEMBER ELIGIBILITY END DATE IS LESS THAN OR EQUAL LOAD DATE

TOTAL COVERAGES: 999,999

TOTAL POLICIES: 999,999

*** END OF REPORT ***

*** NO DATA THIS RUN ***

Report : TPL-0510-R
 Process : TPLJRXXX
 Location: TPLXXXXX

COMMONWEALTH OF KENTUCKY
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 POLICIES ADDED FROM PCG CONTRACTOR DATA FOR TPL SOURCE INDICATOR 'Z'
 RECORD CODE '9' ONLY
 ACTIVITY REPORT

Run Date: MM/DD/CCYY
 Run Time: 99:99:99
 Page: 9999

TOTALS PAGE

	PAYMENT PERCENTAGE	PCG FEE	COV COUNT	TOTAL PAYMENT
1.	0%	\$00.00	999,999	999,999,999.99
2.	25%	\$10.00	999,999	999,999,999.99
3.	50%	\$20.00	999,999	999,999,999.99
4.	100%	\$40.00	999,999	999,999,999.99
=====				
TOTALS			999,999	999,999,999.99

*** END OF REPORT ***

*** NO DATA THIS RUN ***

2.8.66.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
CV#	Coverage Location Number For New Level Of Coverage	2	Char	T_COVERAGE_XREF	CDE_COVERAGE
Car ID	Unique Carrier Identifier	7	Char	T_TPL_CARRIER	CDE_CARRIER
Carrier Name	The name of the carrier	45	Char	T_TPL_CARRIER	NAM_BUS
Cov	The Type Of Coverage Added	2	Char	T_COVERAGE_TYPE	CDE_COVERAGE
Cov Beg Dt	Begin Date Of The New Coverage	8	Date (MM/DD/CCYY)	T_COVERAGE_XREF	DTE_EFFECTIVE
Cov Count	Number of coverages for this type, loaded by the program	6	Number	N/A	CALCULATED
Cov End Dt	End Date Of The New Coverage	8	Date (MM/DD/CCYY)	T_COVERAGE_XREF	DTE_END
Member Name	Members Name (Last , First)	30	Char	T_RE_BASE	CONCATENATED NAM_LAST+NAM_FIRST
PCG Fee	Fee For Each Percentage	4	Decimal	N/A	SYSTEM GENERATED
Pay	Percentage of \$40.00 To Be Paid for This New Level Of Coverage	4	Char	T_TPL_RESOURCE	CALCULATED
Payment Percentage	Percentage of \$70.00 To Be Paid for This New Level of Coverage	3	Number	N/A	SYSTEM GENERATED
Policy No	Policy number	16	Char	T_TPL_RESOURCE	NUM_TPL_POLICY
SSN	Members social security number	9	Char	T_RE_BASE	ID_MEDICAID

Field	Description	Length	Data Type	DB Table	DB Attributes
Total Cov Count	Total Coverage Counts within each payment percentage	6	Number	N/A	CALCULATED
Total Coverages	Total Coverages Added	6	Number	T_TPL_RESOURCE	CALCULATED
Total Payment	Total Of Possible Payments Due PCG	11	Decimal	N/A	SYSTEM GENERATED
Total Policies	Total Number of Policies	6	Number	T_TPL_RESOURCE	CALCULATED
Total Total Payment	Summarized amounts of all payment percentages	11	Number	N/A	CALCULATED

2.8.66.5 Associated Programs

Program	Description
copy2routedir	Copy Reports to Router
tpl0490r	Resources Updated/Added From PCG Contractor Data

2.8.66.6 Associated Requirements

ID
30.090.004.002.20
30.090.004.003.1
30.090.004.003.5
30.090.004.004.7

2.8.66.7 Change Orders

ID	Name	Description
359	TPL Interface from PCG TPL info	Add functionality to interface with PCG in regards to TPL Resource information.

This report lists records that were rejected from the tpl0540r process. This report list record code '9' errors from attempts to load policies (levels of coverage) to the TPL resource file.

TPL-0511-R

Member ID

Report : TPL-0511-R	COMMONWEALTH OF KENTUCKY	Run Date: MM/DD/CCYY
Process : TPLJRXXX	MEDICAID MANAGEMENT INFORMATION SYSTEM	Run Time: 99:99:99
Location: TPLXXXXX	POLICIES ADDED FROM PCG CONTRACTOR DATA FOR TPL SOURCE INDICATOR 'Z'	Page: 9999
	RECORD CODE '9' ONLY	

[illegible]

TOTAL ERRORS: 999,999

*** END OF REPORT ***

*** NO DATA THIS RUN ***

Field	Description	Length	Data Type	DB Table	DB Attributes
Car ID	Unique Carrier Identifier	7	Char	T_TPL_CARRIER	CDE_CARRIER
Carrier Name	Carrier Name / Contact	30	Char	T_TPL_CARRIER	NAM_BUS

Field	Description	Length	Data Type	DB Table	DB Attributes
Cov	The Type Of Coverage Added	2	Char	T_COVERAGE_TYPE	CDE_COVERAGE
Error No / Message	Error Message	30	Char	T_ERROR_DISP	DSC_ERROR_STAT
Member Name	Members Name (Last , First)	30	Char	T_RE_BASE	CONCATENATED NAM_LAST+NAM_FIRST
Policy Num	Policy number	16	Char	T_TPL_RESOURCE	NUM_TPL_POLICY
SSN	Members social security number	9	Char	T_RE_BASE	ID_MEDICAID
Total Errors	Total number of error messages printed	6	Number	N/A	CALCULATED

2.8.67.5 Associated Programs

Program	Description
copy2routedir	Copy Reports to Router
tpl0490r	Resources Updated/Added From PCG Contractor Data

2.8.67.6 Associated Requirements

ID
30.090.004.002.20
30.090.004.003.1
30.090.004.003.5
30.090.004.004.7

2.8.67.7 Change Orders

ID	Name	Description
359	TPL Interface from PCG TPL info	Add functionality to interface with PCG in regards to TPL Resource information.

2.8.68 TPL-0520-R -- TPL Resource Record Updates From PCG Contractor Data - Record Code '6' Only - Activity

This report lists policies changed from data supplied by the TPL contractor, record code '6' only. This report lists various member and carrier detail information, totaling up coverages and policies. The second portion of this report lists the payment percentage, PCG fee, counts and amounts, totaling up counts and amounts.

2.8.68.1 Technical Name

TPL-0520-R

2.8.68.2 Sort Order

SSN

For readability, the report layout displays on the next page.

2.8.68.3 TPL Resource Record Updates From PCG Contractor Data - Record Code '6' Only - Activity Layout

```

Report   : TPL-0520-R
Process  : TPLJO0520
Location : TPL0490R

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
TPL RESOURCE RECORD UPDATES FROM PCG CONTRACTOR DATA
RECORD CODE '6' ONLY
ACTIVITY REPORT

```

```

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 9999

```

MEMBER ID	MEMBER NAME	CAR ID	CARRIER NAME	POLICY NO	COV	COV BEG DT	COV END DT	PAY
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	99	MM/DD/CCYY	MM/DD/CCYY	XXXX
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	99	MM/DD/CCYY	MM/DD/CCYY	XXXX
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	99	MM/DD/CCYY	MM/DD/CCYY	XXXX
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	99	MM/DD/CCYY	MM/DD/CCYY	XXXX
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	99	MM/DD/CCYY	MM/DD/CCYY	XXXX
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	99	MM/DD/CCYY	MM/DD/CCYY	XXXX

PAY 50 % REASON: MEMBER ELIGIBILITY END DATE IS LESS THAN OR EQUAL LOAD DATE

TOTAL COVERAGES: 999,999

TOTAL POLICIES: 999,999

*** END OF REPORT ***

*** NO DATA THIS RUN ***

```

Report   : TPL-0520-R
Process  : TPLJRXXX
Location : TPLXXXXX

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
TPL RESOURCE RECORD UPDATES FROM PCG CONTRACTOR DATA
RECORD CODE '6' ONLY
ACTIVITY REPORT

```

```

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 9999

```

TOTALS PAGE

	PAYMENT PERCENTAGE	PCG FEE	COV COUNT	TOTAL PAYMENT
1.	0%	\$00.00	999,999	999,999,999.99
2.	25%	\$10.00	999,999	999,999,999.99
3.	50%	\$20.00	999,999	999,999,999.99
4.	100%	\$40.00	999,999	999,999,999.99
<hr/>				
TOTALS			999,999	999,999,999.99

*** END OF REPORT ***

*** NO DATA THIS RUN ***

2.8.68.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
CV#	Coverage Location Number For New Level Of Coverage	2	Char	T_COVERAGE_XREF	CDE_COVERAGE
Car ID	Unique Carrier Identifier	7	Char	T_TPL_CARRIER	CDE_CARRIER
Carrier Name	The name of the carrier	45	Char	T_TPL_CARRIER	NAM_BUS
Cov	The Type Of Coverage Added	2	Char	T_COVERAGE_TYPE	CDE_COVERAGE
Cov Beg Dt	Begin Date Of The New Coverage	8	Date (MM/DD/CCYY)	T_COVERAGE_XREF	DTE_EFFECTIVE
Cov Count	Number of coverages for this type, loaded by the program	6	Number	N/A	CALCULATED
Cov End Dt	End Date Of The New Coverage	8	Date (MM/DD/CCYY)	T_COVERAGE_XREF	DTE_END
Member Name	Member's Name (Last , First)	30	Char	T_RE_BASE	CONCATENATED NAM_LAST+NAM_FIRST
PCG Fee	Fee For Each Percentage	4	Decimal	N/A	SYSTEM GENERATED
Pay	Percentage of \$40.00 To Be Paid for This New Level Of Coverage	4	Char	T_TPL_RESOURCE	CALCULATED
Payment Percentage	Percentage of \$70.00 To Be Paid for This New Level of Coverage	3	Number	N/A	SYSTEM GENERATED
Policy No	Policy number	16	Char	T_TPL_RESOURCE	NUM_TPL_POLICY
SSN	Member's social security number	9	Char	T_RE_BASE	ID_MEDICAID
Total Cov Count	Total Coverage Counts within each payment percentage	6	Number	N/A	CALCULATED

Field	Description	Length	Data Type	DB Table	DB Attributes
Total Coverages	Total Coverages Added	6	Number	N/A	CALCULATED
Total Payment	Total Of Possible Payments Due PCG	11	Decimal	N/A	SYSTEM GENERATED
Total Policies	Total Number of Policies	6	Number	N/A	CALCULATED
Total Total Payment	Summarized amounts of all payment percentages	11	Number	N/A	CALCULATED

2.8.68.5 Associated Programs

Program	Description
tpl0490r	Resources Updated/Added From PCG Contractor Data
tpl0490r	Resources Updated/Added From PCG Contractor Data

2.8.68.6 Associated Requirements

ID
30.090.004.002.20
30.090.004.003.1
30.090.004.003.5
30.090.004.004.7

2.8.68.7 Change Orders

ID	Name	Description
359	TPL Interface from PCG TPL info	Add functionality to interface with PCG in regards to TPL Resource information.

This report lists basic member and carrier data, including errors by error number and error message for levels of coverage that program tpl0521r attempted to change on the TPL Resource file.

TPL-0521-R

SSN

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 9999

TPL RESOURCE RECORD UPDATES FROM PCG CONTRACTOR DATA

RECORD CODE '6' ONLY

ERROR REPORT

Page: 9999

MEMBER ID	MEMBER NAME	CAR ID	CARRIER NAME	POLICY NO	COV	ERROR MESSAGE
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TOTAL ERRORS: 999,999

*** END OF REPORT ***

*** NO DATA THIS RUN ***

Field	Description	Length	Data Type	DB Table	DB Attributes
Car ID	Unique Carrier Identifier	7	Char	T_TPL_CARRIER	CDE_CARRIER
Carrier Name	Carrier Name / Contact	30	Char	T_TPL_CARRIER	NAM_BUS
Cov	The Type Of Coverage Added	2	Char	T_COVERAGE_TYPE	CDE_COVERAGE

Field	Description	Length	Data Type	DB Table	DB Attributes
Error No / Message	Error Message	30	Char	T_ERROR_DISP	DSC_ERROR_STAT
Member Name	Members Name (Last , First)	30	Char	T_RE_BASE	CONCATENATED NAM_LAST+NAM_FIRST
Policy Num	Policy number	16	Char	T_TPL_RESOURCE	NUM_TPL_POLICY
SSN	Members social security number	9	Char	T_RE_BASE	ID_MEDICAID
Total Errors	Total number of error messages printed	6	Number	N/A	CALCULATED

2.8.69.5 Associated Programs

Program	Description
tpl0490r	Resources Updated/Added From PCG Contractor Data
tpl0521r	TPL Resource Record Updates From PCG Contractor Data, TPL-0521-R
tpl0490r	Resources Updated/Added From PCG Contractor Data

2.8.69.6 Associated Requirements

ID
30.090.004.002.20
30.090.004.003.1
30.090.004.003.5
30.090.004.004.7

2.8.69.7 Change Orders

ID	Name	Description
359	TPL Interface from PCG TPL info	Add functionality to interface with PCG in regards to TPL Resource information.
4835	TPL-0521-R -end rpt dups	The 'End of Report' Message appears twice at the bottom of the TPL-0521-R OnBase report.

2.8.70 TPL-0530-R -- TPL Resource Record Updates From PCG Contractor Data - Record Code '8' Only - Activity

This report lists policies changed from data supplied by the TPL contractor, record code '8' only. This report lists various member and carrier detail information, totaling up coverages and policies. The second portion of this report lists the payment percentage, PCG fee, counts and amounts, totaling up counts and amounts.

2.8.70.1 Technical Name

TPL-0530-R

2.8.70.2 Sort Order

Member ID

For readability the layout displays on the next page.

For readability, the report layout displays on the next page.

2.8.70.3 TPL Resource Record Updates From PCG Contractor Data - Record Code '8' Only - Activity Layout

```

Report   : TPL-0530-R
Process  : TPLJRXXX
Location : TPLXXXXX

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
TPL RESOURCE RECORD UPDATES FROM PCG CONTRACTOR DATA
RECORD CODE '8' ONLY
ACTIVITY REPORT

```

```

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 9999

```

MEMBER ID	MEMBER NAME	CAR ID	CARRIER NAME	POLICY NO	COV	COV BEG DT	COV END DT	PAY
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	99	MM/DD/CCYY	MM/DD/CCYY	XXXX
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	99	MM/DD/CCYY	MM/DD/CCYY	XXXX
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	99	MM/DD/CCYY	MM/DD/CCYY	XXXX
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	99	MM/DD/CCYY	MM/DD/CCYY	XXXX
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	99	MM/DD/CCYY	MM/DD/CCYY	XXXX

PAY 50 % REASON: MEMBER ELIGIBILITY END DATE IS LESS THAN OR EQUAL LOAD DATE

TOTAL COVERAGES: 999,999

TOTAL POLICIES: 999,999

*** END OF REPORT ***

*** NO DATA THIS RUN ***

```

Report   : TPL-0530-R
Process  : TPLJRXXX
Location : TPLXXXXX

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
TPL RESOURCE RECORD UPDATES FROM PCG CONTRACTOR DATA
RECORD CODE '8' ONLY
ACTIVITY REPORT

```

```

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 9999

```

TOTALS PAGE

	PAYMENT PERCENTAGE	PCG FEE	COV COUNT	TOTAL PAYMENT
1.	0%	\$00.00	999,999	999,999,999.99
2.	25%	\$10.00	999,999	999,999,999.99
3.	50%	\$20.00	999,999	999,999,999.99
4.	100%	\$40.00	999,999	999,999,999.99
=====				
TOTALS			999,999	999,999,999.99

*** END OF REPORT ***

*** NO DATA THIS RUN ***

2.8.70.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
CV#	Coverage Location Number For New Level Of Coverage	2	Char	T_COVERAGE_XREF	CDE_COVERAGE
Car ID	Unique Carrier Identifier	7	Char	T_TPL_CARRIER	CDE_CARRIER
Carrier Name	The name of the carrier	45	Char	T_TPL_CARRIER	NAM_BUS
Cov	The Type Of Coverage Added	2	Char	T_COVERAGE_TYPE	CDE_COVERAGE
Cov Beg Dt	Begin Date Of The New Coverage	8	Date (MM/DD/CCYY)	T_COVERAGE_XREF	DTE_EFFECTIVE
Cov Count	Number of coverages for this type, loaded by the program	6	Number	N/A	CALCULATED
Cov End Dt	End Date Of The New Coverage	8	Date (MM/DD/CCYY)	T_COVERAGE_XREF	DTE_END
Member Name	Members Name (Last , First)	30	Char	T_RE_BASE	CONCATENATED NAM_LAST+NAM_FIRST
PCG Fee	Fee For Each Percentage	4	Decimal	N/A	SYSTEM GENERATED
Pay	Percentage of \$40.00 To Be Paid for This New Level Of Coverage	4	Char	T_TPL_RESOURCE	CALCULATED
Payment Percentage	Percentage of \$70.00 To Be Paid for This New Level of Coverage	3	Number	N/A	SYSTEM GENERATED
Policy No	Policy number	16	Char	T_TPL_RESOURCE	NUM_TPL_POLICY
SSN	Members social security number	9	Char	T_RE_BASE	ID_MEDICAID
Total Cov Count	Total Coverage Counts within each payment percentage	6	Number	N/A	CALCULATED

Field	Description	Length	Data Type	DB Table	DB Attributes
Total Coverages	Total Coverages Added	6	Number	T_TPL_RESOURCE	CALCULATED
Total Payment	Total Of Possible Payments Due PCG	11	Decimal	N/A	SYSTEM GENERATED
Total Policies	Total Number of Policies	6	Number	T_TPL_RESOURCE	CALCULATED
Total Total Payment	Summarized amounts of all payment percentages	11	Number	N/A	CALCULATED

2.8.70.5 Associated Programs

Program	Description
tpl0490r	Resources Updated/Added From PCG Contractor Data
tpl0490r	Resources Updated/Added From PCG Contractor Data

2.8.70.6 Associated Requirements

ID
30.090.004.002.20
30.090.004.003.1
30.090.004.003.5
30.090.004.004.7

2.8.70.7 Change Orders

ID	Name	Description
359	TPL Interface from PCG TPL info	Add functionality to interface with PCG in regards to TPL Resource information.

2.8.71 TPL-0531-R -- TPL Resource Record Updates From PCG Contractor Data - Record Code '8' Only - Error

This report displays records that were rejected from the tpl0540r process. This report lists record code '8' errors from attempts to load policies (levels of coverage) to the TPL resource file.

2.8.71.1 Technical Name

TPL-0531-R

2.8.71.2 Sort Order

Member ID

2.8.71.3 TPL Resource Record Updates From PCG Contractor Data - Record Code '8' Only - Error Layout

Report : TPL-0531-R
Process : TPLJRXXX
Location: TPLXXXXX

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
TPL RESOURCE RECORD UPDATES FROM PCG CONTRACTOR DATA
RECORD CODE '8' ONLY
ERROR REPORT

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 9999

MEMBER ID	MEMBER NAME	CAR ID	CARRIER NAME	POLICY NO	COV	ERROR MESSAGE
XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	X	XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	X	XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	X	XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	X	XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	X	XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	X	XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	X	XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	X	XXXXXXXXXXXXXXXXXXXX

TOTAL ERRORS: 999,999

*** END OF REPORT ***

*** NO DATA THIS RUN ***

2.8.71.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Car ID	Unique Carrier Identifier	7	Char	T_TPL_CARRIER	CDE_CARRIER

Field	Description	Length	Data Type	DB Table	DB Attributes
Carrier Name	Carrier Name / Contact	30	Char	T_TPL_CARRIER	NAM_BUS
Cov	The Type Of Coverage Added	2	Char	T_COVERAGE_TYPE	CDE_COVERAGE
Error No / Message	Error Message	30	Char	T_ERROR_DISP	DSC_ERROR_STAT
Member Name	Members Name (Last , First)	30	Char	T_RE_BASE	CONCATENATED NAM_LAST+NAM_FIRST
Policy Num	Policy number	16	Char	T_TPL_RESOURCE	NUM_TPL_POLICY
SSN	Members social security number	9	Char	T_RE_BASE	ID_MEDICAID
Total Errors	Total number of error messages printed	6	Number	N/A	CALCULATED

2.8.71.5 Associated Programs

Program	Description
tpl0490r	Resources Updated/Added From PCG Contractor Data
tpl0490r	Resources Updated/Added From PCG Contractor Data

2.8.71.6 Associated Requirements

ID
30.090.004.002.20
30.090.004.003.1
30.090.004.003.5

ID
30.090.004.004.7

2.8.71.7 Change Orders

ID	Name	Description
359	TPL Interface from PCG TPL info	Add functionality to interface with PCG in regards to TPL Resource information.

2.8.72 TPL-0540-R -- Aged PCG Levels of Coverage Load**Levels of coverage loaded after initial load date for Source Code 'X'**

This report lists coverage totals by categories of groups of days. The report also lists the count of coverages loaded for each group of days (that is: 0 days, 1 - 90 days, and so on.). It also provides total loads without zero days.

2.8.72.1 Technical Name

TPL-0540-R

2.8.72.2 Sort Order

Claim, Detail Number, Date of Last Change, Origin Code

2.8.72.3 Aged PCG Levels of Coverage Load - Levels of coverage loaded after initial load date for Source Code 'X' Layout

```
Report : TPL-0540-R          COMMONWEALTH OF KENTUCKY          Run Date: MM/DD/CCYY
Process : TPLJR540          MEDICAID MANAGEMENT INFORMATION SYSTEM  Run Time: 99:99:99
Location: TPL0540R          AGED PCG LEVELS OF COVERAGE LOAD REPORT    Page: 9999
```

LEVELS OF COVERAGE LOADED AFTER INITIAL LOAD DATE FOR SOURCE CODE 'X'**CUMULATIVE TOTALS**

AGED LOAD (IN DAYS) -----	NUMBER OF LOADS AFTER INITIAL LOAD -----
0 DAYS	999,999
1 - 90	999,999
91 - 100	999,999
101 - 120	999,999
121 - 150	999,999
OVER 150	999,999
	=====
 TOTAL WITHOUT ZERO DAYS	 999,999

*** END OF REPORT ***

*** NO DATA THIS RUN ***

2.8.72.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
1-90	Categories for Days Loaded (that is: 0 Days, 1 - 90 Days, and so on.)	6	Number	T_COVERAGE_XREF	CALCULATED
101-120	Categories for Days Loaded (that is: 0 Days, 1 - 90 Days, and so on.)	6	Number	T_COVERAGE_XREF	CALCULATED
121-150	Categories for Days Loaded (that is: 0 Days, 1 - 90 Days, and so on.)	6	Number	T_COVERAGE_XREF	CALCULATED
91-100	Categories for Days Loaded (that is: 0 Days, 1 - 90 Days, and so on.)	6	Number	T_COVERAGE_XREF	CALCULATED
Over150	Categories for Days Loaded (that is: 0 Days, 1 - 90 Days, and so on.)	6	Number	T_COVERAGE_XREF	CALCULATED
Total Without Zero Days	Total Number not at Zero	6	Number	T_COVERAGE_XREF	CALCULATED
Zero	Categories for Days Loaded (that is: 0 Days, 1 - 90 Days, and so on.)	6	Number	T_COVERAGE_XREF	CALCULATED

2.8.72.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.72.6 Associated Requirements

ID
30.090.004.003.1

ID
30.090.004.003.5
30.090.004.004.7

2.8.72.7 Change Orders

ID	Name	Description
359	TPL Interface from PCG TPL info	Add functionality to interface with PCG in regards to TPL Resource information.

This report identifies all claims which were denied due to third-party resources as a result of the TPL Contractor updates (source code 'X') to the TPL Resource File. It lists member ID and name, claim information, and carrier information, while totaling up number of claims and cost avoidance amount.

TPL-0550-Q

Claim, Detail Number, Date of Last Change, Origin Code

MEMBER ID	NAME	ICN POSTED	SERV DATE	BILLED AMOUNT	CARRIER	NAME
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	MM/DD/CCYY	9,999,999.99	XXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	MM/DD/CCYY	9,999,999.99	XXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	MM/DD/CCYY	9,999,999.99	XXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	MM/DD/CCYY	9,999,999.99	XXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	MM/DD/CCYY	9,999,999.99	XXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	MM/DD/CCYY	9,999,999.99	XXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	MM/DD/CCYY	9,999,999.99	XXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	MM/DD/CCYY	9,999,999.99	XXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	MM/DD/CCYY	9,999,999.99	XXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	MM/DD/CCYY	9,999,999.99	XXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	MM/DD/CCYY	9,999,999.99	XXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	MM/DD/CCYY	9,999,999.99	XXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
TOTAL NUMBER OF ICNS		TOTAL COST AVOID AMOUNT				
999,999				9,999,999.99		

*** END OF REPORT ***

*** NO DATA THIS RUN ***

Field	Description	Length	Data Type	DB Table	DB Attributes
Billed Amount	The total amount billed by the provider.	9	Number (Decimal)	T_PD_UB92_HDR	AMT_BILLED_UB92

Field	Description	Length	Data Type	DB Table	DB Attributes
Carrier	The TPL Carrier number on the claim record.	7	Char	T_TPL_CARRIER	CDE_CARRIER
ICN Posted	The internal control number for each claim that was denied.	13	Char	T_DENY_UB92_HDR	NUM_ICN
Member #	The member number on the claim record.	12	Char	T_RE_BASE	ID_MEDICAID
Member Name	The member first and last name on the claim record	30	Char	T_RE_BASE	NAM_LAST+NAM_FIRST
Name	The name of the carrier.	30	Char	T_TPL_CARRIER	NAM_BUS
Serv Date	The "From" date of service on the claim record	8	Date (MM/DD/CCYY)	T_HIST_DIRECTOR Y	DTE_FIRST_SVC
Total Cost Avoid Amount	The total claim amount cost avoided for the quarter.	9	Number (Decimal)	N/A	CALCULATED FIELD
Total Number of ICNs	The total number of claims reported for the quarter.	6	Number	N/A	CALCULATED FIELD

2.8.73.5 Associated Programs

Program	Description
tpl0550q	Cost Avoidance For PCG, TPL-0550-Q, TPL-0551-Q

2.8.73.6 Associated Requirements

ID
30.090.004.002.8
30.090.004.003.1
30.090.004.004.7

2.8.73.7 Change Orders

ID	Name	Description
3103	Cost Avoidance Report For PCG	Create Cost Avoidance Report For PCG report and Cost Avoidance Report For PCG MSE, Source Codes Y and Z.
4815	modify table for TPL editing	Modify programs to use the table that claims is going to be created for TPL editing. Also converted claims will have legacy edits, programs will need to be changed to take this into consideration.

2.8.74 TPL-0551-Q -- Cost Avoidance For PCG MSE - Source Codes 'Y' and 'Z'

This report identifies all claims which were denied due to third-party resources as a result of the TPL Contractor updates (source codes 'Y' and 'Z') to the TPL Resource File. It lists member ID and name, claim information, and carrier information, while totaling up number of claims and cost avoidance amount.

2.8.74.1 Technical Name

TPL-0551-Q

2.8.74.2 Sort Order

Claim, Detail Number, Date of Last Change, Origin Code

2.8.74.3 Cost Avoidance For PCG MSE - Source Codes 'Y' and 'Z' Layout

```
Report   : TPL-0551-Q                                COMMONWEALTH OF KENTUCKY                Run Date: MM/DD/CCYY
Process  : TPLJQXXX                                MEDICAID MANAGEMENT INFORMATION SYSTEM    Run Time:   99:99:99
Location: TPLXXXXX                                COST AVOIDANCE FOR PCG MSE, SOURCE CODES Y and Z  Page:      9999
```

MEMBER ID	NAME	ICN POSTED	SERV DATE	BILLED AMOUNT	CARRIER	NAME
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	MM/DD/CCYY	9,999,999.99	XXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	MM/DD/CCYY	9,999,999.99	XXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	MM/DD/CCYY	9,999,999.99	XXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	MM/DD/CCYY	9,999,999.99	XXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	MM/DD/CCYY	9,999,999.99	XXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	MM/DD/CCYY	9,999,999.99	XXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	MM/DD/CCYY	9,999,999.99	XXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	MM/DD/CCYY	9,999,999.99	XXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	MM/DD/CCYY	9,999,999.99	XXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	MM/DD/CCYY	9,999,999.99	XXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
TOTAL NUMBER OF ICNS		TOTAL COST AVOID AMOUNT				
999,999		9,999,999.99				

*** END OF REPORT ***

*** NO DATA THIS RUN ***

2.8.74.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Billed Amount	The total amount billed by the provider.	9	Number (Decimal)	T_PD_UB92_HDR	AMT_BILLED_UB92

Field	Description	Length	Data Type	DB Table	DB Attributes
Carrier Name	The name of the carrier.	30	Char	T_TPL_CARRIER	NAM_BUS
Carrier Nbr	The carrier number	7	Char	T_TPL_CARRIER	CDE_CARRIER
ICN Posted	The internal control number for each claim that was denied.	13	Char	T_DENY_UB92_HDR	NUM_ICN
Member ID	The member number on the claim record	12	Char	T_RE_BASE	ID_MEDICAID
Member Name	The member first and last name on the claim record	30	Char	T_RE_BASE	NAM_LAST+NAM_FIRST
Serv Date	The "From" date of service on the claim record	8	Date (MM/DD/CCYY)	T_PD_PHYS_HDR	DTE_FIRST_SVC
Total Cost Avoid Amount	The total claim amount cost avoided for the quarter.	9	Number (Decimal)	N/A	CALCULATED FIELD
Total Number of ICNs	The total number of claims reported for the quarter.	6	Number	N/A	CALCULATED FIELD

2.8.74.5 Associated Programs

Program	Description
tpl0550q	Cost Avoidance For PCG, TPL-0550-Q, TPL-0551-Q

2.8.74.6 Associated Requirements

ID
30.090.004.002.8
30.090.004.003.1
30.090.004.004.7

2.8.74.7 Change Orders

ID	Name	Description
3103	Cost Avoidance Report For PCG	Create Cost Avoidance Report For PCG report and Cost Avoidance Report For PCG MSE, Source Codes Y and Z.
4815	modify table for TPL editing	Modify programs to use the table that claims is going to be created for TPL editing. Also converted claims will have legacy edits, programs will need to be changed to take this into consideration.

2.8.75 TPL-0570-M -- Medicare Denied

This report identifies claims which were denied due to Medicare coverage. These claims appear on the report 120 days after being denied. This report is grouped by provider number, and lists detailed claim information totaling up allowed and denied amounts. Total by provider and grand totals of claim counts, billed and denied amounts are also listed.

2.8.75.1 Technical Name

TPL-0570-M

2.8.75.2 Sort Order

Refers to program SED, not listed

2.8.75.3 Medicare Denied Layout

Report : TPL-0570-M
 Process : TPLJM570
 Location: TPL0921M

COMMONWEALTH OF KENTUCKY
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 MEDICARE DENIED REPORT
 FOR MONTH ENDING MM/DD/CCYY

Run Date: MM/DD/CCYY
 Run Time: 99:99:99
 Page: 9999

ICN	MEMBER ID	EOB	BILLED AMT	TOT DEN AMT	POS	PROC/NDC	F-DOS	T-DOS	ALLOWED AMT	DENIED AMT
PROV NO: XXXXXXXXXXXXXXXX										
XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	9999	9,999,999.99	9,999,999.99	XX	XXXXXXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY	9,999,999.99	9,999,999.99
					XX	XXXXXXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY	9,999,999.99	9,999,999.99
					XX	XXXXXXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY	9,999,999.99	9,999,999.99
					XX	XXXXXXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY	9,999,999.99	9,999,999.99
					XX	XXXXXXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY	9,999,999.99	9,999,999.99
SUBTOTAL:	999,999	999,999,999.99	999,999,999.99						999,999,999.99	999,999,999.99
PROV NO: XXXXXXXXXXXXXXXX										
XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	9999	9,999,999.99	9,999,999.99	XX	XXXXXXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY	9,999,999.99	9,999,999.99
XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	9999	9,999,999.99	9,999,999.99	XX	XXXXXXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY	9,999,999.99	9,999,999.99
					XX	XXXXXXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY	9,999,999.99	9,999,999.99
					XX	XXXXXXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY	9,999,999.99	9,999,999.99
					XX	XXXXXXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY	9,999,999.99	9,999,999.99
SUBTOTAL:	999,999	999,999,999.99	999,999,999.99						999,999,999.99	999,999,999.99
PROV NO: XXXXXXXXXXXXXXXX										
XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	9999	9,999,999.99	9,999,999.99	XX	XXXXXXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY	9,999,999.99	9,999,999.99
					XX	XXXXXXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY	9,999,999.99	9,999,999.99
SUBTOTAL:	999,999	999,999,999.99	999,999,999.99						999,999,999.99	999,999,999.99
TOTALS:	999,999	999,999,999.99	999,999,999.99						999,999,999.99	999,999,999.99

*** END OF REPORT ***

*** NO DATA THIS RUN ***

2.8.75.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Allwd Amt	The amount allowed by Medicaid for the service billed.	9	Number (Decimal)	N/A	CALCULATED
Billed Amt	The total amount billed by the provider.	9	Number (Decimal)	T_PD_UB92_HDR	AMT_BILLED_UB92
Denied Amt	The detail amount that was denied by Medicaid.	9	Number (Decimal)	N/A	CALCULATED
EOB	The explanation of benefits code which indicates the reason for denial.	4	Number	T_EOB	CDE_EOB
F-DOS	The 'From' date of service on the claim record	8	Date (MM/DD/CCYY)	T_PD_PHYS_HDR	DTE_FIRST_SVC
ICN	The internal control number for each claim that was denied	13	Char	T_HIST_DIRECTORY	NUM_ICN_FL
Member ID	The member's Medicaid ID	12	Char	T_RE_BASE	ID_MEDICAID
POS	The place of service code on the claim record	2	Char	T_PD_PHYS_HDR	CDE_SERVICE_LOC
PROC/NDC	The procedure code on the claim record.	6	Char	T_PROC	CDE_PROC
Prov No.	The provider number on the claim record	9	Char	T_PR_PROV	ID_PROVIDER
Subtotal	The subtotal for each individual provider.	11	Number (Decimal)	N/A	CALCULATED
T-DOS	The 'To' date of service on the claim record	8	Date (MM/DD/CCYY)	T_PD_PHYS_HDR	DTE_LAST_SVC

Field	Description	Length	Data Type	DB Table	DB Attributes
Tot Den Amt	The total amount denied for each claim.	9	Number (Decimal)	N/A	CALCULATED
Total	The grand total for all providers.	11	Number (Decimal)	N/A	CALCULATED
Total Allowed Amt	The total allowed amount on all claims that were denied.	11	Number (Decimal)	N/A	CALCULATED
Total Billed Amt	The total amount billed on all claims that were denied.	11	Number (Decimal)	N/A	CALCULATED
Total Denied Amt	The total amount denied on all claims that were denied.	11	Number (Decimal)	N/A	CALCULATED
Total Num Denied Claims	The total number of claims denied.	6	Number	N/A	CALCULATED
Total Paid Amt	The total amount paid on all claims that were denied.	11	Number (Decimal)	N/A	CALCULATED

2.8.75.5 Associated Programs

Program	Description
sed	Unix command stream editor

2.8.75.6 Associated Requirements

ID
30.090.004.002.8
30.090.004.003.1

2.8.75.7 Change Orders

ID	Name	Description
4088	TPL-0570M-Rpt. Appr. Discrepenci	CO#432, On the TPL-0570-M the subtotal is not in the correct place on the report. Per the Mock there should only be one subtotal and the report has one after each Provider number.
432	TPL Medicare Denied	Create a report identifying claims which were denied due to Medicare coverage.
8619	TPL-920 and 570-M	The TPL-920 and 570-M review retro denied claims therefore it should have included the legacy edit codes in its criteria.

2.8.76 TPL-0610-D -- TPL Member Histories

This report determines the amounts due Medicaid for manual billings. This report provides great detail on claims with TPL including detail or line item information.

2.8.76.1 Technical Name

TPL-0610-D

2.8.76.2 Sort Order

Casualty Case Number, Xref ICN

2.8.76.3 TPL Member Histories Layout

Report : TPL-0610-D	COMMONWEALTH OF KENTUCKY	Run Date: MM/DD/CCYY
Process : TPLJD610	MEDICAID MANAGEMENT INFORMATION SYSTEM	Run Time: 99:99:99
Location: TPL0610D	TPL MEMBER HISTORIES	Page: 9999

SEQUENCE #: 99999 TOTAL MEDICAID PAID: \$999,999.99

```

LAST-TRANS: MM/DD/CCYY      CLERK ID: 99999999  NAME LAST: XXXXXXXXXXXXXXXXXXXX FIRST: XXXXXX  MI: X
MEMBER ID: XXXXXXXXXXXXX    DATE TYPE IND: X      DATE RANGE: MM/DD/CCYY..MM/DD/CCYY
CARRIER ID: XXXXXXXX      POLICY TYPE: 99      CLAIM STATUS: X      EOB: 9999  ACCIDENT: X
PROVIDER NUMBER: XXXXXXXXX  NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
ICN: XXXXXXXXXXXXX        PMT DT: MM/DD/CCYY
XREF ICN: XXXXXXXXXXXXXXXX
SVC BEG DT: MM/DD/CCYY      TOT CHG: $999,999,999.99
SVC END DT: MM/DD/CCYY      TOT PD: $999,999,999.99
                              TPL AMT: $9,999,999.99

```

```

DIAGNOSIS/NDC      DESCRIPTION
XXXXXXXXXXXXX      XXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXX      XXXXXXXXXXXXXXXXXXXXXXXX

```

DETAIL DATA							
FDOS	TDOS	PROC/NDC	DESCRIPTION	DIAG	BILLED AMT	PAID AMT	EOB
MM/DD/CCYY	MM/DD/CCYY	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	9,999,999.99	9,999,999.99	9999
MM/DD/CCYY	MM/DD/CCYY	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	9,999,999.99	9,999,999.99	9999
MM/DD/CCYY	MM/DD/CCYY	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	9,999,999.99	9,999,999.99	9999

*** END OF REPORT ***

*** NO DATA THIS RUN ***

2.8.76.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Accident	The accident-related indicator.	1	Char	T_PD_PHYS_HDR	IND_ACCIDENT
Billed Amt	The detail billed amount on the claim record.	9	Number (Decimal)	T_HIST_DIRECTORY	AMT_BILLED
Carrier ID	The code that identifies the carrier.	7	Char	T_TPL_CARRIER	CDE_CARRIER
Claim Status	The status of the claims record.	1	Char	T_AR_CLM_HDR	CDE_CLM_STATUS
Clerk ID	The clerk ID.	8	Char	T_CASUALTY_CASE	ID_CLERK
Date Range (From)	The 'From' date of the request.	8	Date (MM/DD/CCYY)	N/A	CALCULATED
Date Range (To)	The 'To' date of the request.	8	Date (MM/DD/CCYY)	CALCULATED	CALCULATED
Date Type Ind	The type of dates requested.	1	Char	T_STOP_LOSS_PARM S	CDE_DATE_TYPE
Description	The description of the diagnosis or NDC	40	Char	T_DIAG_TYPE	DSC_50
Description	The description of the procedure code.	40	Char	T_PROC	CDE_PROC
Diag	The detail diagnosis indicator on the claim record.	1	Char	T_CLM_DIAG_XREF	CDE_DIAG
Diagnosis/ NDC	The diagnosis or National Drug Code (NDC) on the claim.	11	Char	T_CLM_DIAG_XREF	CDE_DIAG
EOB	The explanation of benefits code.	4	Number	T_EOB	CDE_EOB
EOB	The detail explanation of benefits code.	4	Number	T_EOB	CDE_EOB

Field	Description	Length	Data Type	DB Table	DB Attributes
FDOS	The detail 'From' date of service on the claim record.	8	Date (MM/DD/CCYY)	T_TPL_AR_HEALTH	DTE_FIRST_SVC
First	The first name of the member.	13	Char	T_RE_BASE	NAM_FIRST
ICN	The internal control number assigned to the claim.	13	Char	T_HIST_DIRECTORY	NUM_ICN_FL
Last-Trans	The last date of transaction	8	Date (MM/DD/CCYY)	T_RE_BASE	DTE_LAST_UPDATE
MI	The middle initial of the member.	1	Char	T_RE_BASE	NAM_MID_INIT
Member ID	The member Medicaid ID.	12	Char	T_RE_BASE	ID_MEDICAID
Name	The provider name on the claim record.	50	Char	T_PR_NAM	NAME
Name Last	The last name of the member.	15	Char	T_RE_BASE	NAM_LAST
PROC/ NDC	The procedure, revenue code, or National Drug Code on the claim record.	11	Char	T_DRUG	CDE_NDC
Paid Amt	The detail amount paid by Medicaid.	9	Number (Decimal)	T_PD_PHYS_DTL	AMT_PAID
Pmt Dt	The date Medicaid paid the claim.	8	Date (MM/DD/CCYY)	T_HIST_DIRECTORY	DATE_PAID
Policy Type	The type of policy.	1	Char	T_POLICY_TYPE	CDE_POLICY_TYPE
Provider Number	The provider number on the claim record.	9	Char	T_PR_PROV	ID_PROVIDER
Sequence #	The sequence number of the claim within the request.	5	Number	T_PD_UB92_DTL	NUM_DTL_REF

Field	Description	Length	Data Type	DB Table	DB Attributes
Svc Beg Dt	The 'First' date of service on the claim record.	8	Date (MM/DD/CCYY)	T_HIST_DIRECTORY	DTE_FIRST_SVC
Svc End Dt	The date of the final Payer	8	Date (MM/DD/CCYY)	T_HIST_DIRECTORY	DTE_FINAL_LAST_PAYER
TDOS	The detail 'To' date of service on the claim record.	8	Date (MM/DD/CCYY)	T_TPL_AR_HEALTH	DTE_LAST_SVC
TPL Amt	The TPL amount on the claim record.	9	Number (Decimal)	T_PD_PHYS_DTL	AMT_DETAIL_TPL
Tot Chg	The total charges submitted by the provider.	11	Number (Decimal)	T_AR_CLM_DTL	AMT_DTL_CHARGE
Tot PD	The Total Paid	11	Decimal	N/A	CALCULATED
Total Medicaid Paid	The total amount paid by Medicaid.	11	Number (Decimal)	T_EXPENDITURE	CALCULATED
Xref ICN	The cross-reference internal control number.	17	Char	T_TPL_AR_CLM_XREF	SAK_CLAIM

2.8.76.5 Associated Programs

Program	Description
xmlpunld	Generate a hierarchical xml data stream from a query tree

2.8.76.6 Associated Requirements

ID
30.090.004.003.1
30.110.004.001

2.8.76.7 Change Orders

ID	Name	Description
4129	TPL-0610-D not in OnBase	TPL-0610-d should be generated the day after the user clicks yes on the button provided in the report panel in iC. Currently this report is not producing. OnBase has no documents found. The report is also named as a Daily report and should be named TPL-0610-R since it is requested thru a panel.
6041	TPL-0610-D	When requesting the TPL-0610-D from the Case Tracking Maintenance panel the TPL-0610-D does not produce. The issue is with date parameters set in batch.
654	TPL Member Histories	Create TPL Member Histories report.

2.8.77 TPL-0620-D -- TPL Estate Recovery History Profiles

This report provides detailed information regarding claims including detail or line item information for Estate recoveries.

2.8.77.1 Technical Name

TPL-0620-D

2.8.77.2 Sort Order

Grouped by Member ID, then sorted by ICN

2.8.77.3 TPL Estate Recovery History Profiles Layout

Report : TPL-0620-D	COMMONWEALTH OF KENTUCKY	Run Date: MM/DD/CCYY
Process : TPLJWXXX	MEDICAID MANAGEMENT INFORMATION SYSTEM	Run Time: 99:99:99
Location: TPLXXXXX	TPL ESTATE RECOVERY HISTORY PROFILES	Page: 9999

SEQUENCE #: 99999 TOTAL MEDICAID PAID: \$999,999.99

```

LAST-TRANS: MM/DD/CCYY      CLERK ID: 99999999  NAME LAST: XXXXXXXXXXXXXXXXXXXX FIRST: XXXXXX  MI: X
MEMBER ID: XXXXXXXXXXXXX    DATE TYPE IND: X      DATE RANGE: MM/DD/CCYY..MM/DD/CCYY
CARRIER ID: XXXXXXXX      POLICY TYPE: 99      CLAIM STATUS: X      EOB: 9999      ACCIDENT: X
PROVIDER NUMBER: XXXXXXXX  NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
ICN: XXXXXXXXXXXXXXXX      PMT DT: MM/DD/CCYY
XREF ICN: XXXXXXXXXXXXXXXX
SVC BEG DT: MM/DD/CCYY      TOT CHG: $999,999,999.99
SVC END DT: MM/DD/CCYY      TOT PD: $999,999,999.99
                              TPL AMT: $9,999,999.99

```

```

DIAGNOSIS/NDC      DESCRIPTION
XXXXXXXXXXXXX      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXX      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

```

DETAIL DATA							
FDOS	TDOS	PROC/NDC	DESCRIPTION	DIAG	BILLED AMT	PAID AMT	EOB
MM/DD/CCYY	MM/DD/CCYY	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	9,999,999.99	9,999,999.99	9999
MM/DD/CCYY	MM/DD/CCYY	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	9,999,999.99	9,999,999.99	9999
MM/DD/CCYY	MM/DD/CCYY	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	9,999,999.99	9,999,999.99	9999

*** END OF REPORT ***

*** NO DATA THIS RUN ***

2.8.77.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Accident	The accident-related indicator.	1	Char	T_PD_PHYS_HDR	IND_ACCIDENT
Billed Amt	The detail billed amount on the claim record.	9	Number (Decimal)	T_HIST_DIRECTORY	AMT_BILLED
Carrier ID	The code that identifies the carrier.	7	Char	T_TPL_CARRIER	CDE_CARRIER
Claim Status	The status of the claims record.	1	Char	T_HIST_DIRECTORY	CDE_CLM_STATUS
Clerk ID	The clerk ID.	8	Char	T_ANALYST	ID_CLERK
Date Range (From)	The 'From' date of the request.	8	Date (MM/DD/CCYY)	N/A	CALCULATED
Date Range (To)	The 'To' date of the request.	8	Date (MM/DD/CCYY)	N/A	CALCULATED
Date Type Ind	The type of dates requested.	1	Char	T_STOP_LOSS_PARMS	CDE_DATE_TYPE
Description	The description of the diagnosis or NDC	40	Char	T_DRUG	DSC_NDC
Description	The description of the procedure code.	40	Char	T_PROC	DSC_PROCEDURE
Diag	The detail diagnosis indicator on the claim record.	1	Char	T_CLM_DIAG_XREF	CDE_DIAG
Diagnosis/ NDC	The diagnosis or National Drug Code (NDC) on the claim.	11	Char	T_DRUG	CDE_NDC
EOB	The explanation of benefits code.	4	Number	T_EOB	CDE_EOB

Field	Description	Length	Data Type	DB Table	DB Attributes
FDOS	The detail 'From' date of service on the claim record.	8	Date (MM/DD/CCYY)	T_HIST_DIRECTORY	DTE_FIRST_SVC
First	The first name of the member.	13	Char	T_RE_BASE	NAM_FIRST
ICN	The internal control number assigned to the claim.	13	Char	T_HIST_DIRECTORY	NUM_ICN_FL
Last-Trans	The last date of transaction	8	Date (MM/DD/CCYY)	T_RE_BASE	DTE_LAST_UPDATE
MI	The middle initial of the member.	1	Char	T_RE_BASE	NAM_MID_INIT
Member ID	The member's Medicaid ID.	12	Char	T_RE_BASE	ID_MEDICAID
Name	The provider name on the claim record.	50	Char	T_PR_NAM	NAME
Name Last	The last name of the member.	15	Char	T_RE_BASE	NAM_LAST
PROC/ NDC	The procedure, revenue code, or National Drug Code on the claim record.	11	Char	T_CLM_OTH_PYR_DTL	CDE_PROCEDURE
Paid Amt	The detail amount paid by Medicaid.	9	Number (Decimal)	T_PD_PHYS_DTL	AMT_PAID
Pmt Dt	The date Medicaid paid the claim.	8	Date (MM/DD/CCYY)	T_HIST_DIRECTORY	DTE_FINAL_LAST_PAYER
Policy Type	The type of policy.	1	Char	T_POLICY_TYPE	CDE_POLICY_TYPE
Provider Number	The provider number on the claim record.	9	Char	T_PR_PROV	ID_PROVIDER

Field	Description	Length	Data Type	DB Table	DB Attributes
Sequence #	The sequence number of the claim within the request.	5	Number	T_PD_UB92_DTL	NUM_DTL_REF
Svc Beg Dt	The 'First' date of service on the claim record.	8	Date (MM/DD/CCYY)	T_HIST_DIRECTORY	DTE_FIRST_SVC
Svc End Dt	The date of Final Payer	8	Date (MM/DD/CCYY)	T_HIST_DIRECTORY	DTE_FINAL_LAST_PAYER
TDOS	The detail 'To' date of service on the claim record.	8	Date (MM/DD/CCYY)	T_HIST_DIRECTORY	DTE_TO_DATE
TPL Amt	The TPL amount on the claim record.	9	Number (Decimal)	T_PD_PHYS_DTL	AMT_DETAIL_TPL
Tot Chg	The total charges submitted by the provider.	11	Number (Decimal)	T_AR_CLM_DTL	AMT_DTL_CHARGE
Total Medicaid Paid	The total amount paid by Medicaid.	11	Number (Decimal)	T_EXPENDITURE	CALCULATED
Xref ICN	The cross-reference internal control number.	17	Char	T_TPL_AR_CLM_XREF	SAK_CLAIM

2.8.77.5 Associated Programs

Program	Description
tpl0620w	TPL Estate Recovery History Profiles TPL-0620-W, TPL-0621-W and TPL-0622-W

2.8.77.6 Associated Requirements

ID
30.090.004.002.17
30.090.004.003.1

ID
30.110.004.001

2.8.77.7 Change Orders

ID	Name	Description
4131	TPL-0620-W not producing	TPL-0620-W should be generated the day after the user clicks yes on the button provided in the report panel in iC. Currently this report is not producing. OnBase has no documents found. Also we do not have a report named TPL-0620-W in OnBase-D. The report should be named TPL- 0620-R since it is requested thru a panel.
654	TPL Member Histories	Create TPL Member Histories report.

2.8.78 TPL-0630-D -- TPL Trust Recovery History Profiles

This report provides detailed information about the member, carrier, provider and claim header and line item on trust recovery cases.

2.8.78.1 Technical Name

TPL-0630-D

2.8.78.2 Sort Order

Member ID

2.8.78.3 TPL Trust Recovery History Profiles Layout

Report : TPL-0630-D	COMMONWEALTH OF KENTUCKY	Run Date: MM/DD/CCYY
Process : TPLJW630	MEDICAID MANAGEMENT INFORMATION SYSTEM	Run Time: 99:99:99
Location: TPL0530D	TPL TRUST RECOVERY HISTORY PROFILES	Page: 9999
SEQUENCE #: 99999		TOTAL MEDICAID PAID: \$999,999.99

```

LAST-TRANS: MM/DD/CCYY      CLERK ID: 99999999  NAME LAST: XXXXXXXXXXXXXXXXXXXX FIRST: XXXXXX  MI: X
MEMBER ID: XXXXXXXXXXXXX    DATE TYPE IND: X      DATE RANGE: MM/DD/CCYY..MM/DD/CCYY
CARRIER ID: XXXXXXXX      POLICY TYPE: 99      CLAIM STATUS: X      EOB: 9999      ACCIDENT: X
PROVIDER NUMBER: XXXXXXXX  NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
ICN: XXXXXXXXXXXXXXXX      PMT DT: MM/DD/CCYY
XREF ICN: XXXXXXXXXXXXXXXX
SVC BEG DT: MM/DD/CCYY      TOT CHG: $999,999,999.99
SVC END DT: MM/DD/CCYY      TOT PD: $999,999,999.99
                              TPL AMT: $9,999,999.99

```

```

DIAGNOSIS/NDC      DESCRIPTION
XXXXXXXXXXXXX      XXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXX      XXXXXXXXXXXXXXXXXXXXXXXXXXXX

```

FDOS		TDOS	PROC/NDC	DESCRIPTION	DIAG	BILLED AMT	PAID AMT	EOB
MM/DD/CCYY	MM/DD/CCYY	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	9,999,999.99	9,999,999.99	9999
MM/DD/CCYY	MM/DD/CCYY	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	9,999,999.99	9,999,999.99	9999
MM/DD/CCYY	MM/DD/CCYY	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	9,999,999.99	9,999,999.99	9999

*** END OF REPORT ***

*** NO DATA THIS RUN ***

2.8.78.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Accident	The accident-related indicator.	1	Char	T_PD_PHYS_HDR	IND_ACCIDENT
Billed Amt	The detail billed amount on the claim record.	9	Number (Decimal)	T_HIST_DIRECTORY	AMT_BILLED
Carrier ID	The code that identifies the carrier.	7	Char	T_TPL_CARRIER	CDE_CARRIER
Claim Status	The status of the claims record.	1	Char	T_HIST_DIRECTORY	CDE_CLM_STATUS
Clerk ID	The clerk ID.	8	Char	T_ANALYST	ID_CLERK
Date Range (From)	The 'From' date of the request.	8	Date (MM/DD/CCYY)	N/A	CALCULATED
Date Range (To)	The 'To' date of the request.	8	Date (MM/DD/CCYY)	N/A	CALCULATED
Date Type Ind	The type of dates requested.	1	Char	T_CLM_DTP	QLF_DATE_TIME
Description	The description of the diagnosis or NDC	40	Char	T_DRUG	DSC_NDC
Description	The description of the procedure code.	40	Char	T_PROC	DSC_PROCEDURE
Diag	The detail diagnosis indicator on the claim record.	1	Char	T_CLM_DIAG_XREF	CDE_DIAG
Diagnosis/ NDC	The diagnosis or National Drug Code (NDC) on the claim.	11	Char	T_DRUG	CDE_NDC
EOB	The detail explanation of benefits code.	4	Number	T_EOB	CDE_EOB

Field	Description	Length	Data Type	DB Table	DB Attributes
EOB	The explanation of benefits code.	4	Number	T_EOB	CDE_EOB
FDOS	The detail 'First' date of service on the claim record.	8	Date (MM/DD/CCYY)	T_HIST_DIRECTORY	DTE_FIRST_SVC
First	The first name of the member.	13	Char	T_RE_BASE	NAM_FIRST
ICN	The internal control number assigned to the claim.	13	Char	T_HIST_DIRECTORY	NUM_ICN_FL
Last-Trans	The last date of transaction	8	Date (MM/DD/CCYY)	T_RE_BASE	DTE_LAST_UPDATE
MI	The middle initial of the member.	1	Char	T_RE_BASE	NAME_MID_INIT
Member ID	The member Medicaid ID.	12	Char	T_RE_BASE	ID_MEDICAID
Name	The provider name on the claim record.	50	Char	T_PR_NAM	NAME
Name Last	The last name of the member.	15	Char	T_RE_BASE	NAM_LAST
PROC/ NDC	The procedure, revenue code, or National Drug Code on the claim record.	11	Char	T_CLM_OTH_PYR_DTL	CDE_PROCEDURE
Paid Amt	The detail amount paid by Medicaid.	9	Number (Decimal)	T_PD_PHYS_DTL	AMT_PAID
Pmt Dt	The date Medicaid paid the claim.	8	Date (MM/DD/CCYY)	T_HIST_DIRECTORY	DTE_FINAL_LAST_PAYER
Policy Type	The type of policy.	1	Char	T_POLICY_TYPE	CDE_POLICY_TYPE

Field	Description	Length	Data Type	DB Table	DB Attributes
Provider Number	The provider number on the claim record.	9	Char	T_PR_PROV	ID_PROVIDER
Sequence #	The sequence number of the claim within the request.	5	Number	T_PD_UB92_DTL	NUM_DTL_REF
Svc Beg Dt	The 'From' date of service on the claim record.	8	Date (MM/DD/CCYY)	T_HIST_DIRECTORY	DTE_FIRST_SVC
Svc End Dte	Date of final payer	8	Date (MM/DD/CCYY)	T_HIST_DIRECTORY	DTE_FINAL_LAST_PAYER
TDOS	The detail 'To' date of service on the claim record.	8	Date (MM/DD/CCYY)	T_HIST_DIRECTORY	DTE_TO_DATE
TPL Amt	The TPL amount on the claim record.	9	Number (Decimal)	T_PD_PHYS_DTL	AMT_DETAIL_TPL
Tot Chg	The total charges submitted by the provider.	11	Number (Decimal)	T_AR_CLM_DTL	AMT_DTL_CHARGE
Total Medicaid Paid	The total amount paid by Medicaid.	11	Number (Decimal)	T_EXPENDITURE	CALCULATED
Xref ICN	The cross-reference internal control number.	17	Char	T_TPL_AR_CLM_XREF	SAK_CLAIM

2.8.78.5 Associated Programs

Program	Description
tpl0630w	TPL Trust Recovery History Profiles, TPL-0630-W, TPL-0631-W

2.8.78.6 Associated Requirements

ID
30.090.004.003.1
30.110.004.001

2.8.78.7 Change Orders

ID	Name	Description
4130	TPL 0630 W not consistent	TPL-0630-W did not produce after it was requested thru the TPL case tracking panel. Also the name is not consistent with its frequency.
654	TPL Member Histories	Create TPL Member Histories report.

2.8.79 TPL-0631-D -- TPL Trust Recovery Claims Summary

This report displays a claims summary by member of Trust Cases created systematically that were reported on the TPL-0630-W report. It provides summary information about the claim date and claim amount paid. It provides a grand total of amount paid and indicates how many letters to print for trust recovery cases.

2.8.79.1 Technical Name

TPL-0631-D

2.8.79.2 Sort Order

Member ID

2.8.79.3 TPL Trust Recovery Claims Summary Layout

```
Report : TPL-0631-D
Process : TPLJWXXX
Location: TPLXXXXX
```

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
TRUST RECOVERY PROCESSING
TPL TRUST RECOVERY CLAIMS SUMMARY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 9999

SSN	LAST NAME	FIRST NAME	MI	CNTY	CLM FROM DATE	CLM TO DATE	CLM TOTAL AMOUNT PAID
XXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	X	XXX	MM/DD/CCYY	MM/DD/CCYY	9,999,999.99
XXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	X	XXX	MM/DD/CCYY	MM/DD/CCYY	9,999,999.99
XXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	X	XXX	MM/DD/CCYY	MM/DD/CCYY	9,999,999.99
XXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	X	XXX	MM/DD/CCYY	MM/DD/CCYY	9,999,999.99
XXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	X	XXX	MM/DD/CCYY	MM/DD/CCYY	9,999,999.99
XXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	X	XXX	MM/DD/CCYY	MM/DD/CCYY	9,999,999.99
XXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	X	XXX	MM/DD/CCYY	MM/DD/CCYY	9,999,999.99
XXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	X	XXX	MM/DD/CCYY	MM/DD/CCYY	9,999,999.99
XXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	X	XXX	MM/DD/CCYY	MM/DD/CCYY	9,999,999.99
XXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	X	XXX	MM/DD/CCYY	MM/DD/CCYY	9,999,999.99
* * TOTAL LETTERS TO PRINT: 99,999							999,999,999.99

*** END OF REPORT ***

*** NO DATA THIS RUN ***

2.8.79.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Clm From Date	The claim first date of service	8	Date (MM/DD/CCYY)	T_HIST_DIRECTORY	DTE_FIRST_SVC

Field	Description	Length	Data Type	DB Table	DB Attributes
Clm To Date	The claim thru date of service	8	Date (MM/DD/CCYY)	T_HIST_DIRECTORY	DTE_TO_DATE
Clm Total Amount Paid	The total amount paid by member for claims reports on the TPL-0620-W. Program generated.	11	Decimal	N/A	CALCULATED
Cnty	The county in which the member resides	3	Char	T_RE_BASE	CDE_COUNTY
First Name	The first name of the member	13	Char	T_RE_BASE	NAM_FIRST
Last Name	The last name of the member	15	Char	T_RE_BASE	NAM_LAST
MI	The middle initial of the member	1	Char	T_RE_BASE	NAM_MID_INIT
SSN	The members SSN	9	Char	T_RE_BASE	NUM_SSN
Total Letters to Print	Total number of letters generated to be mailed. Program generated.	5	Number	N/A	CALCULATED

2.8.79.5 Associated Programs

Program	Description
tpl0630w	TPL Trust Recovery History Profiles, TPL-0630-W, TPL-0631-W

2.8.79.6 Associated Requirements

ID
30.090.004.003.1
30.110.004.001

2.8.79.7 Change Orders

ID	Name	Description
667	DCR 3148-TPL Trust Rec Claims	Per DCR3148, 3143, and 3136 create TPL Trust Recovery reports.

2.8.80 TPL-0640-W -- TPL Estate Recovery Claims Summary

This report gives a claims total summary once the TPL cases file is read by member reported on the TPL-0620-W. It provides summary information about the member claim date and claim amount paid, totaling amount and indicates how many letters to print for estate recovery claims.

2.8.80.1 Technical Name

TPL-0640-W

2.8.80.2 Sort Order

Member ID

2.8.80.3 TPL Estate Recovery Claims Summary Layout

Report : TPL-0640-W
Process : TPLJW640
Location: TPL0640W

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
ESTATE RECOVERY PROCESSING
TPL ESTATE RECOVERY CLAIMS SUMMARY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 9999

SSN	LAST NAME	FIRST NAME	MI	CNTY	CLM FROM DATE	CLM TO DATE	CLM TOTAL AMOUNT PAID
XXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	X	XXX	MM/DD/CCYY	MM/DD/CCYY	9,999,999.99
XXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	X	XXX	MM/DD/CCYY	MM/DD/CCYY	9,999,999.99
XXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	X	XXX	MM/DD/CCYY	MM/DD/CCYY	9,999,999.99
XXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	X	XXX	MM/DD/CCYY	MM/DD/CCYY	9,999,999.99
XXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	X	XXX	MM/DD/CCYY	MM/DD/CCYY	9,999,999.99
XXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	X	XXX	MM/DD/CCYY	MM/DD/CCYY	9,999,999.99
XXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	X	XXX	MM/DD/CCYY	MM/DD/CCYY	9,999,999.99
XXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	X	XXX	MM/DD/CCYY	MM/DD/CCYY	9,999,999.99
XXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	X	XXX	MM/DD/CCYY	MM/DD/CCYY	9,999,999.99
XXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	X	XXX	MM/DD/CCYY	MM/DD/CCYY	9,999,999.99
* * TOTAL LETTERS TO PRINT: 99,999							999,999,999.99

*** END OF REPORT ***

*** NO DATA THIS RUN ***

2.8.80.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Clm From Date	The claim first date of service	8	Date (MM/DD/CCYY)	T_HIST_DIRECTORY	DTE_FIRST_SVC
Clm To Date	The claim thru date of service	8	Date (MM/DD/CCYY)	T_HIST_DIRECTORY	DTE_TO_DATE
Clm Total Amount Paid	The total amount paid by member for claims reports on the TPL-0620-W. Program generated.	11	Number (Decimal)	N/A	CALCULATED
Cnty	The county in which the member resides	3	Char	T_RE_BASE	CDE_COUNTY
First Name	The first name of the member	13	Char	T_RE_BASE	NAM_FIRST
Last Name	The last name of the member	15	Char	T_RE_BASE	NAM_LAST
MI	The middle initial of the member	1	Char	T_RE_BASE	NAM_MID_INIT
SSN	The members SSN	9	Char	T_RE_BASE	NUM_SSN
Total Letters to Print	Total number of letters generated to be mailed. Program generated.	5	Number	N/A	CALCULATED

2.8.80.5 Associated Programs

Program	Description
tpl0640w	TPL Estate Recovery Reports TPL-0640-W,TPL-0641-W, TPL-0642-W, TPL-0643-W

2.8.80.6 Associated Requirements

ID
30.090.004.003.1

2.8.80.7 Change Orders

ID	Name	Description
684	Estate Recovery Reports	Create TPL Estate Recovery Reports.

2.8.81 TPL-0641-W -- TPL Estate Recovery Error

This report gives the errors for members not processed. It provides summary member information, claim dates, and error message.

2.8.81.1 Technical Name

TPL-0641-W

2.8.81.2 Sort Order

Member ID

2.8.81.3 TPL Estate Recovery Error Layout

Report : TPL-0641-W
Process : TPLJW641
Location: TPL0641W

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
ESTATE RECOVERY PROCESSING
TPL ESTATE RECOVERY ERROR REPORT

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 9999

SSN	LAST NAME	FIRST NAME	MI	CNTY	CLM FROM DATE	CLM TO DATE	ERROR MESSAGE
XXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	X	XXX	MM/DD/CCYY	MM/DD/CCYY	XX
XXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	X	XXX	MM/DD/CCYY	MM/DD/CCYY	XX
XXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	X	XXX	MM/DD/CCYY	MM/DD/CCYY	XX

*** END OF REPORT ***

*** NO DATA THIS RUN ***

2.8.81.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Clm From Date	The claim first date of service.	8	Date (MM/DD/CCYY)	T_HIST_DIRECTORY	DTE_FIRST_SVC
Clm To Date	The claim thru date of service.	8	Date (MM/DD/CCYY)	T_HIST_DIRECTORY	DTE_TO_DATE
Cnty	The county in which the member resides.	3	Char	T_RE_BASE	CDE_COUNTY

Field	Description	Length	Data Type	DB Table	DB Attributes
Error Message	The error message. Program generated.	50	Char	N/A	CALCULATED FIELD
First Name	The first name of the member	13	Char	T_RE_BASE	NAM_FIRST
Last Name	The last name of the member	15	Char	T_RE_BASE	NAM_LAST
MI	The middle initial of the member	1	Char	T_RE_BASE	NAM_MID_INIT
SSN	The member's SSN	9	Char	T_RE_BASE	NUM_SSN

2.8.81.5 Associated Programs

Program	Description
tpl0640w	TPL Estate Recovery Reports TPL-0640-W, TPL-0641-W, TPL-0642-W, TPL-0643-W

2.8.81.6 Associated Requirements

ID
30.090.004.003.1

2.8.81.7 Change Orders

ID	Name	Description
684	Estate Recovery Reports	Create TPL Estate Recovery Reports.

2.8.82 TPL-0642-W -- TPL Estate Recovery Processing

This report provides detailed member, eligibility, claim amount summary, and executor information for Estate Recovery cases.

2.8.82.1 Technical Name

TPL-0642-W

2.8.82.2 Sort Order

Member ID

2.8.82.3 TPL Estate Recovery Processing Layout

```

Report   : TPL-0642-W
Process  : TPLJW642
Location : TPL0642W

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
ESTATE RECOVERY PROCESSING
TPL ESTATE RECOVERY CLAIMS SUMMARY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page:      9999

SSN: XXXXXXXX  NAME: XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX X  DOB: MM/DD/CCYY  DOD: MM/DD/CCYY  AGE AT DOD: 99  CLM AMT: 99,999.99
RESOURCES:    BURIAL/TRUST/CONTRACTS: Y  MANAGED CARE  BEG/END: MM/DD/CCYY  MM/DD/CCYY  CTY: 036
OWN HOMESTEAD: N  LIFE/BURIAL INS/PP BURIAL FUNDS: Y  OTHER $$ FOR BURIAL: Y  LIFETIME CARE AGREEMENT: Y  WILL IND: N
ACCIDENT SETTLEMENT: Y  QIT: Y  IM REP/PAYEE/PROTECTIVE PAYEE : Y

ADMINIST NAME: XXXXXXXX XXXXXXXX  AUTH REP NAME: XXXXXXXX XXXXXXXX
PHONE: (999) 999-9999  PHONE: (999) 999-9999
ADDRESS: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  ADDRESS: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
CITY: XXXXXXXXXXXXXXXXXXXXXXXX  CITY: XXXXXXXXXXXXXXXXXXXXXXXX
ST: XX  ST: XX
ZIP: 99999-9999  ZIP: 99999-9999

POLICY NUMBER: 9999999999999999

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***  END OF REPORT  ***

***  NO DATA THIS RUN  ***

```

2.8.82.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Address	The address of the executor.	30	Char	T_TPL_CASE_INFO	ADR_STREET_1
City	The city of the executor.	18	Char	T_TPL_CASE_INFO	ADR_CITY

Field	Description	Length	Data Type	DB Table	DB Attributes
Claim From	The claim first date of service.	8	Date (MM/DD/CCYY)	T_HIST_DIRECTORY	DTE_FIRST_SVC
Claim To	The claim thru date of service.	8	Date (MM/DD/CCYY)	T_HIST_DIRECTORY	DTE_TO_DATE
Clm Amt	The total claim paid amount for each member. Program generated.	9	Decimal	N/A	CALCULATED FIELD
Cnty	The county in which the member resides.	3	Char	T_RE_BASE	CDE_COUNTY
Comments	The comments for the case.	2000	Char	NA	NA
Date of Death	The date of death of the member.	8	Date (MM/DD/CCYY)	T_RE_BASE	DTE_DEATH
Est Homestead Value	The estimated homestead value.	9	Decimal	T_TPL_CASE_INFO	AMT_HOMESTEAD
Executor Name	The name fo the executor	30	Char	T_TPL_CASE_INFO	NAM_FIRST+NAM_MID_INI T+NAM_LAST
Name	Last name, first name and middle initial of the member.	30	Char	T_RE_BASE	NAM_LAST, NAM_FIRST, NAM_MID_INI
Own Homestead	Own homestead indicator.	2	Char	T_TPL_CASE_INFO	IND_OWN_HOME
Phone	The executor phone number	10	Number	T_TPL_CASE_INFO	NUM_PHONE
SSN	The member's SSN.	9	Char	T_RE_BASE	NUM_SSN
St	The state of the executor.	2	Char	T_TPL_CASE_INFO	ADR_STATE

Field	Description	Length	Data Type	DB Table	DB Attributes
Will Ind	Will indicator.	2	Char	T_TPL_CASE_INFO	IND_WILL
Zip	The 5 numeric character zip code + 4 of the executor.	9	Char	T_TPL_CASE_INFO	ADR_ZIP+ADR_ZIP_4

2.8.82.5 Associated Programs

Program	Description
tpl0640w	TPL Estate Recovery Reports TPL-0640-W,TPL-0641-W, TPL-0642-W, TPL-0643-W

2.8.82.6 Associated Requirements

ID
30.090.004.003.1

2.8.82.7 Change Orders

ID	Name	Description
684	Estate Recovery Reports	Create TPL Estate Recovery Reports.

2.8.83 TPL-0643-W -- TPL Estate Recovery Low Threshold

This report gives the member from the GOT data that was bypassed due to low threshold. It provides summary member information, claim dates and claim amount paid.

2.8.83.1 Technical Name

TPL-0643-W

2.8.83.2 Sort Order

Member ID

2.8.83.3 TPL Estate Recovery Low Threshold Layout

Report : TPL-0643-W
Process : TPLJW643
Location: TPL0643W

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
ESTATE RECOVERY PROCESSING
TPL ESTATE RECOVERY LOW THRESHOLD

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 9999

SSN	LAST NAME	FIRST NAME	MI	CNTY	CIM FROM DATE	CIM TO DATE	CIM TOTAL AMOUNT PAID
XXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	X	XXX	MM/DD/CCYY	MM/DD/CCYY	9,999,999.99
XXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	X	XXX	MM/DD/CCYY	MM/DD/CCYY	9,999,999.99
XXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	X	XXX	MM/DD/CCYY	MM/DD/CCYY	9,999,999.99
XXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	X	XXX	MM/DD/CCYY	MM/DD/CCYY	9,999,999.99
XXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	X	XXX	MM/DD/CCYY	MM/DD/CCYY	9,999,999.99
XXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	X	XXX	MM/DD/CCYY	MM/DD/CCYY	9,999,999.99

*** END OF REPORT ***

*** NO DATA THIS RUN ***

2.8.83.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
CIm From Date	The claim first date of service	8	Date (MM/DD/CCYY)	T_HIST_DIRECTORY	DTE_FIRST_SVC
CIm To Date	The claim thru date of service	8	Date (MM/DD/CCYY)	T_HIST_DIRECTORY	DTE_TO_DATE

Field	Description	Length	Data Type	DB Table	DB Attributes
Clm Total Amount Paid	The total amount paid by member for claims reports on the TPL-0620-W. Program generated.	11	Decimal	N/A	CALCULATED FIELD
Cnty	The county in which the member resides	3	Char	T_RE_BASE	CDE_COUNTY
First Name	The first name of the member	13	Char	T_RE_BASE	NAM_FIRST
Last Name	The last name of the member	15	Char	T_RE_BASE	NAM_LAST
MI	The middle initial of the member	1	Char	T_RE_BASE	NAM_MID_INIT
SSN	The member's SSN	9	Char	T_RE_BASE	NUM_SSN

2.8.83.5 Associated Programs

Program	Description
tpl0640w	TPL Estate Recovery Reports TPL-0640-W, TPL-0641-W, TPL-0642-W, TPL-0643-W

2.8.83.6 Associated Requirements

ID
30.090.004.003.1

2.8.83.7 Change Orders

ID	Name	Description
684	Estate Recovery Reports	Create TPL Estate Recovery Reports.

Field	Description	Length	Data Type	DB Table	DB Attributes
Error Message	The error message. Program generated.	50	Char	N/A	CALCULATED FIELD
First Name	The first name of the member	13	Char	T_RE_BASE	NAM_FIRST
Last Name	The last name of the member	15	Char	T_RE_BASE	NAM_LAST
MI	The middle initial of the member	1	Char	T_RE_BASE	NAM_MID_INIT
SSN	The member's SSN	9	Char	T_RE_BASE	NUM_SSN

2.8.84.5 Associated Programs

Program	Description
tpl0650d	TPL Trust Recovery Claims Summary TPL-0631-D and TPL-0651-D

2.8.84.6 Associated Requirements

ID
30.090.004.003.1

2.8.84.7 Change Orders

ID	Name	Description
667	DCR 3148-TPL Trust Rec Claims	Per DCR3148, 3143, and 3136 create TPL Trust Recovery reports.

2.8.85 TPL-0660-W -- TPL Member Trust

This weekly report lists members that have a Trust established and a date of death on file. Record counts are totaled at the bottom.

2.8.85.1 Technical Name

TPL-0660-W

2.8.85.2 Sort Order

Member ID

2.8.85.3 TPL Member Trust Layout

Report : TPL-0660-W
Process : TPLJW660
Location: TPL0660W

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEMBER TRUST PROCESSING
TPL MEMBER TRUST
AS OF MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 9999

MEMBER ID	FIRST NAME	LAST NAME	DATE OF DEATH
XXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXX	MM/DD/CCYY

TRUST RECORDS ADDED THIS RUN 9999

*** END OF REPORT ***

*** NO DATA THIS RUN ***

2.8.85.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Date of Death	The date of death for the member.	8	Number	T_RE_BASE	DTE_DEATH
First Name	The first name of the member.	15	Char	T_RE_BASE	NAM_FIRST
Last Name	The last name of the member.	20	Char	T_RE_BASE	NAM_LAST
Member ID	The member Medicaid ID.	12	Char	T_RE_BASE	ID_MEDICAID
Trust Records Added This Run	The number of trust records added this run	4	Number	N/A	CALCULATED

2.8.85.5 Associated Programs

Program	Description
tpl0660w	TPL Member Trust Weekly

2.8.85.6 Associated Requirements

ID
30.090.004.003.1

2.8.85.7 Change Orders

ID	Name	Description
1413	TPL Member Trust	Create Member Trust Report to report on all members who are of new status with a recent date of death and are not on the trust file.

2.8.86 TPL-0740-D -- Cash Control Non-Medicaid Child Support

This report displays and summarizes the Cash Control refund reason codes 14, 15, 16 and 17 applied daily to the Cash Control file. It also lists the CCN header information.

2.8.86.1 Technical Name

TPL-0740-D

2.8.86.2 Sort Order

CCN

For readability, the report layout appears on the next page.

2.8.86.3 Cash Control Non-Medicaid Child Support Layout

Report : TPL-0740-D

Process : TPLJD740

Location: TPL0740D

COMMONWEALTH OF KENTUCKY

MEDICAID MANAGEMENT INFORMATION SYSTEM

CASH CONTROL NON-MEDICAID CHILD SUPPORT

DAILY TRANSACTIONS POSTED FOR REFUND REASONS 1014, 1015, 1016 AND 1017
MM/DD/CCYY

Run Date: MM/DD/CCYY

Run Time: 99:99:99

Page: 9999

CCN: XXXXXXXXXXXX CHECK DATE: MM/DD/CCYY CHECK NUMBER: XXXXXXXXXXXX DISP: 9,999,999.99 CURR: 9,999,999.99

REFUND REASON	CHLD SUPP CASE/ CROSS REF CCN	MEMBER ID	MEMBER NAME	MEMBER DATE OF BIRTH	PROVIDER NUMBER	POST DATE	CLERK	POST AMOUNT
1014	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	MM/DD/CCYY	XXXXXXXXXX	MM/DD/CCYY	XXXXXXXXXX	9,999,999.99
1014	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	MM/DD/CCYY	XXXXXXXXXX	MM/DD/CCYY	XXXXXXXXXX	9,999,999.99
TOTAL FOR REFUND REASON 1014								999,999,999.99
1015	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	MM/DD/CCYY	XXXXXXXXXX	MM/DD/CCYY	XXXXXXXXXX	9,999,999.99
1015	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	MM/DD/CCYY	XXXXXXXXXX	MM/DD/CCYY	XXXXXXXXXX	9,999,999.99
1015	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	MM/DD/CCYY	XXXXXXXXXX	MM/DD/CCYY	XXXXXXXXXX	9,999,999.99
1015	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	MM/DD/CCYY	XXXXXXXXXX	MM/DD/CCYY	XXXXXXXXXX	9,999,999.99
TOTAL FOR REFUND REASON 1015								999,999,999.99
1016	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	MM/DD/CCYY	XXXXXXXXXX	MM/DD/CCYY	XXXXXXXXXX	9,999,999.99
1016	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	MM/DD/CCYY	XXXXXXXXXX	MM/DD/CCYY	XXXXXXXXXX	9,999,999.99
1016	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	MM/DD/CCYY	XXXXXXXXXX	MM/DD/CCYY	XXXXXXXXXX	9,999,999.99
TOTAL FOR REFUND REASON 1016								999,999,999.99
1017	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	MM/DD/CCYY	XXXXXXXXXX	MM/DD/CCYY	XXXXXXXXXX	9,999,999.99
1017	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	MM/DD/CCYY	XXXXXXXXXX	MM/DD/CCYY	XXXXXXXXXX	9,999,999.99
1017	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	MM/DD/CCYY	XXXXXXXXXX	MM/DD/CCYY	XXXXXXXXXX	9,999,999.99
1017	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	MM/DD/CCYY	XXXXXXXXXX	MM/DD/CCYY	XXXXXXXXXX	9,999,999.99
1017	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	MM/DD/CCYY	XXXXXXXXXX	MM/DD/CCYY	XXXXXXXXXX	9,999,999.99
TOTAL FOR REFUND REASON 1017								999,999,999.99
TOTAL FOR CCN								9,999,999,999.99
GRAND TOTAL								9,999,999,999,999.99

*** END OF REPORT ***
 *** NO DATA THIS RUN ***

2.8.86.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
CCN	The CCN of the Cash Control record.	11	Char	T_CASH_RECEIPT	CASH_CTL_NO
Check Date	The check date of the CCN.	8	Date (MM/DD/CCYY)	T_CASH_RECEIPT	DTE_CHECK
Check Number	The check number of the CCN.	9	Char	T_CASH_RECEIPT	NUM_CHECK
Child Supp Case/ Cross Ref CCN	The child support case number or cross reference CCN associated with the transaction.	11	Char	T_CASH_RECEIPT	CASH_CTL_NO
Clerk	The clerk who keyed the refund transaction.	8	Char	T_ANALYST	ID_CLERK
Current	The current balance of the CCN at the time the report runs.	9	Number (Decimal)	N/A	CALCULATED
Disp	The disposition amount of the CCN at the time the report runs.	9	Number (Decimal)	N/A	CALCULATED
Grand Total	The total amount reported.	12	Number (Decimal)	N/A	CALCULATED
Member Date of Birth	The member date of birth associated with the CCN transaction.	8	Date (MM/DD/CCYY)	T_RE_BASE	DTE_BIRTH
Member ID	The member ID associated with the CCN transaction.	12	Char	T_RE_BASE	ID_MEDICAID
Member Name	The member name associated with the CCN transaction.	30	Char	T_RE_BASE	NAM_LAST, NAM_FIRST
Post Amount	The amount posted to the refund transaction.	9	Number (Decimal)	T_CASH_RCPT_DI SP	AMT_DISPOSITION

Field	Description	Length	Data Type	DB Table	DB Attributes
Post Date	The date the refund was posted to the CCN record.	8	Date (MM/DD/CCYY)	T_CASH_RCPT_DI SP	DTE_POSTED
Provider Number	The provider associated with the CCN transaction.	9	Char	T_PR_PROV	ID_PROVIDER
Refund Reason	The refund reason code of the transaction.	2	Number	T_CASH_RCPT_DI SP	CDE_REASON_FOUR
Total for CCN	The total amount posted for a CCN	12	Number (Decimal)	N/A	CALCULATED
Total for Refund Reason	The total amount posted for a refund reason code.	11	Number (Decimal)	N/A	CALCULATED

2.8.86.5 Associated Programs

Program	Description
tpl0740d	Cash Control Non-Medicaid Child Support TPL-0740-D

2.8.86.6 Associated Requirements

ID
30.090.004.003.1

2.8.86.7 Change Orders

ID	Name	Description
865	Cash Control reports	<p>Create reports that display and summarize:</p> <p>The Cash Control refund reason codes 14, 15, 16 and 17 applied daily to the Cash Control file.</p> <p>The Cash Control refund reason codes 14 and 15 applied for the month to the Cash Control file.</p> <p>The Cash Control refund reason codes 16 and 17 applied for the month to the Cash Control file</p> <p>They will also print the CCN header information at the time the report is run.</p>

2.8.87 TPL-0751-M -- Retroactive TPL Claims for Provider Type 24

This report lists all ICN's, member ID and provider number when Provider type '24' excluded from the TPL Retroactive process.

2.8.87.1 Technical Name

TPL-0751-M

2.8.87.2 Sort Order

Record Sequence

2.8.87.3 Retroactive TPL Claims for Provider Type 24 Layout

Report : TPL-0751-M

Process : TPLJM050

Location: TPL0751M

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
RETROACTIVE TPL CLAIMS FOR PROVIDER TYPE 24 - MEDICARE PART A
FOR THE MONTH OF XXXXXXXX CCYY

Run Date: MM/DD/CCYY

Run Time: 99:99:99

Page: 9999

REC #	ICN	MEMBER ID	PROVIDER
-----	-----	-----	-----
999999	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
999999	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
999999	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
999999	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
999999	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
999999	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
999999	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
999999	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX

*** END OF REPORT ***

*** NO DATA THIS RUN ***

2.8.87.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
ICN	The internal control number assigned to a claim.	13	Char	T_HIST_DIRECTORY	NUM_ICN_FL
Member ID	The member's Medicaid ID number.	12	Char	T_RE_BASE	ID_MEDICAID
Provider	The billing provider number.	15	Char	T_PR_PROV	ID_PROVIDER
Rec #	The sequence record number	6	Number	N/A	CALCULATED

2.8.87.5 Associated Programs

Program	Description
otsortd	Sort - UNIX
tplf0001	TPL Commercial Billing Process
otsortd	Sort - UNIX
tpl0751m	Report program for monthly Retroactive Claims for Provider Type 24
tpl0751m	Report program for monthly Retroactive Claims for Provider Type 24
copy2routedir	Copy Reports to Router
otsortd	Sort - UNIX
tpl0050m	Medicare Part A Recovery Letters and Billings
otsortd	Sort - UNIX
tpl0751m	Report program for monthly Retroactive Claims for Provider Type 24
otsortd	Sort - UNIX

Program	Description
otsortd	Sort - UNIX
otsortd	Sort - UNIX
tpl0751m	Report program for monthly Retroactive Claims for Provider Type 24
copy2routedir	Copy Reports to Router
tpl0070m	Medicare Part B DMERC Letters and Billings
otsortd	Sort - UNIX
tplf0002	Medicare Part B Billing Process for TPL
otsortd	Sort - UNIX
tpl0751m	Report program for monthly Retroactive Claims for Provider Type 24
tpl0751m	Report program for monthly Retroactive Claims for Provider Type 24
copy2routedir	Copy Reports to Router
tpl0751m	Retroactive TPL Claims for Provider Type 24 TPL-0751-M

2.8.87.6 Associated Requirements

ID
30.090.004.002.9
30.090.004.003.1

2.8.87.7 Change Orders

ID	Name	Description
669	Retroactive TPL Claims report	Create a report for Retroactive TPL Claims for Provider Type 24.

2.8.88 TPL-0760-M -- Monthly Carrier Billing Detail

This report provides by carrier summarized counts and amount of 1st billed, rebilled and open claims billed on a monthly basis.

2.8.88.1 Technical Name

TPL-0760-M

2.8.88.2 Sort Order

Carrier Number

2.8.88.3 Monthly Carrier Billing Detail Layout

Report : TPL-0760-M
Process : TPLJM760
Location: TPL10760M

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MONTHLY CARRIER BILLING DETAIL REPORT

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 9999

CARRIER # CARRIER NAME	# 1ST BILLS	AMT. 1ST BILLS	# OF REBILLS	AMT. OF REBILLS	# TOTAL BILLS	TOTAL AMOUNT	# OPEN CLAIMS	AMT. OPEN CLAIMS
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9,999	9,999,999.99	9,999	9,999,999.99	99,999	9,999,999.99	9,999	9,999,999.99
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9,999	9,999,999.99	9,999	9,999,999.99	99,999	9,999,999.99	9,999	9,999,999.99
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9,999	9,999,999.99	9,999	9,999,999.99	99,999	9,999,999.99	9,999	9,999,999.99
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9,999	9,999,999.99	9,999	9,999,999.99	99,999	9,999,999.99	9,999	9,999,999.99
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9,999	9,999,999.99	9,999	9,999,999.99	99,999	9,999,999.99	9,999	9,999,999.99
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9,999	9,999,999.99	9,999	9,999,999.99	99,999	9,999,999.99	9,999	9,999,999.99
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9,999	9,999,999.99	9,999	9,999,999.99	99,999	9,999,999.99	9,999	9,999,999.99
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9,999	9,999,999.99	9,999	9,999,999.99	99,999	9,999,999.99	9,999	9,999,999.99
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9,999	9,999,999.99	9,999	9,999,999.99	99,999	9,999,999.99	9,999	9,999,999.99
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9,999	9,999,999.99	9,999	9,999,999.99	99,999	9,999,999.99	9,999	9,999,999.99
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9,999	9,999,999.99	9,999	9,999,999.99	99,999	9,999,999.99	9,999	9,999,999.99
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9,999	9,999,999.99	9,999	9,999,999.99	99,999	9,999,999.99	9,999	9,999,999.99
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9,999	9,999,999.99	9,999	9,999,999.99	99,999	9,999,999.99	9,999	9,999,999.99
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9,999	9,999,999.99	9,999	9,999,999.99	99,999	9,999,999.99	9,999	9,999,999.99
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9,999	9,999,999.99	9,999	9,999,999.99	99,999	9,999,999.99	9,999	9,999,999.99

*** END OF REPORT ***

*** NO DATA THIS RUN ***

2.8.88.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
# 1ST Bills	The number of claims billed for the first time for a given carrier.	4	Number	N/A	CALCULATED
# Open Claims	The number of claims on the TPL Billing File which have no payment or denial indicated.	4	Number	N/A	CALCULATED
# Total Bills	The number of claims billed for the first, second, or third time for a given carrier.	5	Number	N/A	CALCULATED
# of Rebills	The number of claims rebilled for the second or third time for a given carrier.	4	Number	N/A	CALCULATED
Amt 1st Bills	The dollar amount for the claims billed for the first time for a given carrier.	9	Decimal	N/A	CALCULATED
Amt Open Claims	The dollar amount of claims on the TPL Billing File which have no payment or denial indicated.	9	Decimal	N/A	CALCULATED
Amt of Rebills	The dollar amount for the claims rebilled for the second or third time for a given carrier.	9	Decimal	N/A	CALCULATED
Carrier #	The code identifying the carrier.	7	Char	T_TPL_CARRIER	CDE_CARRIER
Carrier Name	The name of the carrier.	45	Char	T_TPL_CARRIER	NAM_BUS
Total Amount	The amount of claims billed for the first, second, or third time for a given carrier.	9	Decimal	N/A	CALCULATED

Field	Description	Length	Data Type	DB Table	DB Attributes
Total Amount	The total amount of the bills	9	Decimal	N/A	CALCULATED

2.8.88.5 Associated Programs

Program	Description
tpl0760m	Monthly Carrier Billing Detail TPL-0760-M

2.8.88.6 Associated Requirements

ID
30.090.004.003.1

2.8.88.7 Change Orders

ID	Name	Description
1207	Monthly Carrier Billing report	Create Monthly Carrier Billing Detail report.

2.8.89 TPL-0770-W -- TPL Billings Summary

This report provides the number of TPL billings generated by form type.

2.8.89.1 Technical Name

TPL-0770-W

2.8.89.2 Sort Order

N/A - Totals Only

2.8.89.3 TPL Billings Summary Layout

Report : TPL-0770-W
 Process : TPLJWXXX
 Location: TPLXXXXX

COMMONWEALTH OF KENTUCKY
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 WEEKLY TPL LIABILITY BILLING FORMS TO BE PRINTED
 FOR CYCLE DATE MM/DD/CCYY
 SUMMARY

Run Date: MM/DD/CCYY
 Run Time: 99:99:99
 Page: 999

```
*****
BILLING FORMS          ***
*****
BILLINGS READ COUNT = 99999999
UB92 CLAIM COUNT = 99999999
HCFA CLAIM COUNT = 99999999
PHARMACY CLAIM COUNT = 99999999
DENTAL CLAIM COUNT = 99999999
TOTAL BILLING FORMS = 99999999
```

*** END OF REPORT ***

*** NO DATA THIS RUN ***

2.8.89.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
BILLINGS READ COUNT	The number of billings created during the billings process.	9	Number	Calculated	N/A
DENTAL CLAIM COUNT	The number of Dental claim facsimiles created	9	Number	Calculated	N/A

Field	Description	Length	Data Type	DB Table	DB Attributes
HCFA CLAIM COUNT	The number of CMS1500 claim facsimiles created.	9	Number	Calculated	N/A
PHARMACY CLAIM COUNT	The number of Pharmacy billings created.	9	Number	Calculated	N/A
TOTAL BILLING FORMS	The total number of billings created.	9	Number	Calculated	N/A
UB CLAIM COUNT	The number of UB claim facsimiles created.	9	Number	Calculated	N/A

2.8.89.5 Associated Programs

Program	Description
jck.629	Create Claim Facsimiles, TPL-0035-R, TPL-0036-R and TPL-0037-R
cat	Concatenate
jck.724	Pharmacy Billing Facsimiles, TPL-0026-R
cat	Concatenate
jck.724	Pharmacy Billing Facsimiles, TPL-0026-R
cat	Concatenate
jck.629	Create Claim Facsimiles, TPL-0035-R, TPL-0036-R and TPL-0037-R
cat	Concatenate

2.8.89.6 Associated Requirements

ID
30.090.004.002.9

ID
30.090.004.003.1

2.8.89.7 Change Orders

ID	Name	Description
279	TPL Billing jobs	<ol style="list-style-type: none">1. Modify the billing jobs to PICK up claims that have hit the TPL edit IF they have a specific EOB.2. Modify the billing process to not bill adjustments.3. Modify Facsimiles to meet KY specifications.4. Modify closure of billings - change the date criteria for closing billings that have had no response from the carrier.5. Do not include the Medicare B or Medicare B DMERC functionality (see Change Orders 676, 1208 and 1211).6. Modify the billing jobs to create HIPAA 837 and the NCPDP outbound transactions if carrier requests billings in that manner.7. Create the reports used by operations.8. Modify the billing facsimiles to the new CMS-1500 and UB04 claim form. This means that the HCFA1500 and UB facsimiles that we create may need to change.9. More changes identified by Hayley on 08/02/2006. Refer to the Tech Specs for details.
3227	REL2-TPL Billing-Facsimiles	Modify Facsimiles to meet KY specifications. Create new reports TPL-0770-W, TPL-0780-W, TPL-0781-W. These reports will run weekly and monthly.

2.8.90 TPL-0780-W -- TPL Billings Detail Listing

This report provides the detail listing of all TPL Billings generated by Carrier ID Number.

2.8.90.1 Technical Name

TPL-0780-W

2.8.90.2 Sort Order

Carrier ID

2.8.90.3 TPL Billings Detail Listing Layout

Report : TPL-0780-W
Process : TPLJWXXX
Location: TPLXXXXX

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
WEEKLY TPL LIABILITY BILLING FORMS TO BE PRINTED
FOR CYCLE DATE MM/DD/CCYY
DETAIL LISTING

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 999

CARRIER	TCN	FORMS PRINTED
1. XXXXXXXX	1. XXXXXXXXXXXXX	XX

XXXXXXX TOTALS COVER: 99,999 BANNER: 99,999 UB92: 99,999 HCFA: 99,999 DENT: 99,999 PHAR: 99,999 TOTAL: 999,999

*** END OF REPORT ***
*** NO DATA THIS RUN ***

2.8.90.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Banner	The number of banner pages generated.	9	Number	CALCULATED	N/A
Carrier ID	The carrier identification number.	7	Char	T_TPL_CARRIER	CDE_CARRIER
Cover	The number of cover letters generated.	9	Number	CALCULATED	N/A

Field	Description	Length	Data Type	DB Table	DB Attributes
Dent	The number of billings generated on the Dental claim form.	9	Number	CALCULATED	N/A
Forms Printed	The Form Types generated for the carrier.	50	Char	N/A	N/A
HCFA	The number of billings generated on the CMS1500 claim form.	9	Number	CALCULATED	N/A
Phar	The number of billings generated on the Pharmacy claim form	9	Number	CALCULATED	N/A
TCN	The claim ICN of the billing generated.	13	Char	T_HIST_DIRECTORY	NUM_ICN_FL
Total Billing Forms	The total number of billings generated to be printed.	9	Number	CALCULATED	N/A
Totals	The total forms printed by form type and cover letter type	9	Number	CALCULATED	N/A
UB92	The number of billings generated on the UB claim form.	9	Number	CALCULATED	N/A

2.8.90.5 Associated Programs

Program	Description
jck.629	Create Claim Facsimiles, TPL-0035-R, TPL-0036-R and TPL-0037-R
cat	Concatenate
jck.724	Pharmacy Billing Facsimiles, TPL-0026-R
cat	Concatenate

Program	Description
jck.724	Pharmacy Billing Facsimiles, TPL-0026-R
cat	Concatenate
jck.629	Create Claim Facsimiles, TPL-0035-R, TPL-0036-R and TPL-0037-R
cat	Concatenate

2.8.90.6 Associated Requirements

ID
30.090.004.002.9
30.090.004.003.1

2.8.90.7 Change Orders

ID	Name	Description
279	TPL Billing jobs	<ol style="list-style-type: none"> 1. Modify the billing jobs to PICK up claims that have hit the TPL edit IF they have a specific EOB. 2. Modify the billing process to not bill adjustments. 3. Modify Facsimiles to meet KY specifications. 4. Modify closure of billings - change the date criteria for closing billings that have had no response from the carrier. 5. Do not include the Medicare B or Medicare B DMERC functionality (see Change Orders 676, 1208 and 1211). 6. Modify the billing jobs to create HIPAA 837 and the NCPDP outbound transactions if carrier requests billings in that manner. 7. Create the reports used by operations. 8. Modify the billing facsimiles to the new CMS-1500 and UB04 claim form. This means that the HCFA1500 and UB facsimiles that we create may need to change. 9. More changes identified by Hayley on 08/02/2006. Refer to the Tech Specs for details.

ID	Name	Description
3227	REL2-TPL Billing-Facsimiles	Modify Facsimiles to meet KY specifications. Create new reports TPL-0770-W, TPL-0780-W, TPL-0781-W. These reports will run weekly and monthly.

2.8.91 TPL-0781-W -- TPL Billings Summary Listing

This report provides the summary by Carrier Id and Form Type listing of all TPL Billings generated for the week or month.

2.8.91.1 Technical Name

TPL-0781-W

2.8.91.2 Sort Order

Carrier ID

2.8.91.3 TPL Billings Summary Listing Layout

Report : TPL-0781-W

Process : TPLJWXXX

Location: TPLXXXXX

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
WEEKLY TPL LIABILITY BILLING FORMS TO BE PRINTED
FOR CYCLE DATE MM/DD/CCYY
SUMMARY LISTING

Run Date: MM/DD/CCYY

Run Time: 99:99:99

Page: 999

	CARRIER	COVER	BANNER	UB92	HCFA	DENTAL	PHARMACY	TOTALS
1.	XXXXXXX	9,999	9,999	9,999	9,999	9,999	9,999	99,999
2.	XXXXXXX	9,999	9,999	9,999	9,999	9,999	9,999	99,999
3.	XXXXXXX	9,999	9,999	9,999	9,999	9,999	9,999	99,999
4.	XXXXXXX	9,999	9,999	9,999	9,999	9,999	9,999	99,999
5.	XXXXXXX	9,999	9,999	9,999	9,999	9,999	9,999	99,999
6.	XXXXXXX	9,999	9,999	9,999	9,999	9,999	9,999	99,999
7.	XXXXXXX	9,999	9,999	9,999	9,999	9,999	9,999	99,999
8.	XXXXXXX	9,999	9,999	9,999	9,999	9,999	9,999	99,999
9.	XXXXXXX	9,999	9,999	9,999	9,999	9,999	9,999	99,999
10.	XXXXXXX	9,999	9,999	9,999	9,999	9,999	9,999	99,999
	TOTALS	99,999	99,999	99,999	99,999	99,999	99,999	9,999,999

*** END OF REPORT ***

*** NO DATA THIS RUN ***

2.8.91.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Banner	The total Banner pages to be printed for that carrier.	9	Number	CALCULATED	N/A
Carrier ID	The carrier identification number	7	Char	T_TPL_CARRIER	CDE_CARRIER
Cover	The total Cover letters to be printed for that carrier ID	9	Number	CALCULATED	N/A
Dental	The total Dental Billing Forms to be printed for that carrier.	9	Number	CALCULATED	N/A
HCFA	The total HCFA Billing Forms to be printed for that carrier.	9	Number	CALCULATED	N/A
Pharmacy	The total Pharmacy Billing Forms to be printed for that carrier.	9	Number	CALCULATED	N/A
Totals	The total number of all documents to be printed for that carrier and for each document type	9	Number	CALCULATED	N/A
UB92	The total UB Billing Forms to be printed for that carrier.	9	Number	CALCULATED	N/A

2.8.91.5 Associated Programs

Program	Description
jck.629	Create Claim Facsimiles, TPL-0035-R, TPL-0036-R and TPL-0037-R
cat	Concatenate
jck.724	Pharmacy Billing Facsimiles, TPL-0026-R

Program	Description
cat	Concatenate
jck.724	Pharmacy Billing Facsimiles, TPL-0026-R
cat	Concatenate
jck.629	Create Claim Facsimiles, TPL-0035-R, TPL-0036-R and TPL-0037-R
cat	Concatenate

2.8.91.6 Associated Requirements

ID
30.090.004.002.9
30.090.004.003.1

2.8.91.7 Change Orders

ID	Name	Description
279	TPL Billing jobs	<ol style="list-style-type: none">1. Modify the billing jobs to PICK up claims that have hit the TPL edit IF they have a specific EOB.2. Modify the billing process to not bill adjustments.3. Modify Facsimiles to meet KY specifications.4. Modify closure of billings - change the date criteria for closing billings that have had no response from the carrier.5. Do not include the Medicare B aor Medicare B DMERC functionality (see Change Orders 676, 1208 and 1211).6. Modify the billing jobs to create HIPAA 837 and the NCPDP outbound transactions if carrier requests billings in that manner.7. Create the reports used by operations.8. Modify the billing facsimiles to the new CMS-1500 and UB04 claim form. This means that the HCFA1500 and UB facsimiles that we create may need to change.9. More changes identified by Hayley on 08/02/2006. Refer to the Tech Specs for details.
3227	REL2-TPL Billing-Facsimiles	Modify Facsimiles to meet KY specifications. Create new reports TPL-0770-W, TPL-0780-W, TPL-0781-W. These reports will run weekly and monthly.

2.8.92 TPL-0810-M -- Cash Control Non-Medicaid Child Support Refund Reasons 14 and 15

This report summarizes the Cash Control refund reason codes 14 and 15 applied for the month to the Cash Control file. It also lists the CCN header information. This Child Support Refund report lists detailed child support payment info including dates and amounts providing a subtotal and total of CCN amounts by each reason code.

2.8.92.1 Technical Name

TPL-0810-M

2.8.92.2 Sort Order

CCN

For readability, the report layout displays on the next two pages.

2.8.92.3 Cash Control Non-Medicaid Child Support Refund Reasons 14 and 15 Layout

Report : TPL-0810-M
Process : TPLJM810
Location: TPL8010M

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
CASH CONTROL NON-MEDICAID CHILD SUPPORT
REFUND REASONS 14 OR 15 BETWEEN MM/DD/CCYY AND MM/DD/CCYY

```
Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 9999
```

CCN	CCN STATUS	CHECK RECEIVED DATE	CHECK NUMBER	REFUND REASON	CHILD SUPPORT CASE NUMBER	ADJUSTMENT POST AMOUNT	DIST DATE	DATE
XXXXXXXXXXXX	X	MM/DD/CCYY	XXXXXXXXXX	XX	XXXXXXXXXXXX	9,999,999.99	MM/DD/CCYY	MM/DD/CCYY
				XX	XXXXXXXXXXXX	9,999,999.99	MM/DD/CCYY	MM/DD/CCYY
				XX	XXXXXXXXXXXX	9,999,999.99	MM/DD/CCYY	MM/DD/CCYY
				XX	XXXXXXXXXXXX	9,999,999.99	MM/DD/CCYY	MM/DD/CCYY
TOTAL FOR CCN						99,999,999.99		
XXXXXXXXXXXX	X	MM/DD/CCYY	XXXXXXXXXX	XX	XXXXXXXXXXXX	9,999,999.99	MM/DD/CCYY	MM/DD/CCYY
				XX	XXXXXXXXXXXX	9,999,999.99	MM/DD/CCYY	MM/DD/CCYY
				XX	XXXXXXXXXXXX	9,999,999.99	MM/DD/CCYY	MM/DD/CCYY
				XX	XXXXXXXXXXXX	9,999,999.99	MM/DD/CCYY	MM/DD/CCYY
TOTAL FOR CCN						99,999,999.99		
XXXXXXXXXXXX	X	MM/DD/CCYY	XXXXXXXXXX	XX	XXXXXXXXXXXX	9,999,999.99	MM/DD/CCYY	MM/DD/CCYY
				XX	XXXXXXXXXXXX	9,999,999.99	MM/DD/CCYY	MM/DD/CCYY
				XX	XXXXXXXXXXXX	9,999,999.99	MM/DD/CCYY	MM/DD/CCYY
				XX	XXXXXXXXXXXX	9,999,999.99	MM/DD/CCYY	MM/DD/CCYY
TOTAL FOR CCN						99,999,999.99		
99,999,999.99								
REFUND REASON 14 TOTAL POSTED FOR MM/CCYY						999,999,999.99		

Report : TPL-0810-M
 Process : TPLJMKXX
 Location: TPLXXXXX

COMMONWEALTH OF KENTUCKY
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 CASH CONTROL NON-MEDICAID CHILD SUPPORT
 REFUND REASONS 14 OR 15 BETWEEN MM/DD/CCYY AND MM/DD/CCYY

Run Date: MM/DD/CCYY
 Run Time: 99:99:99
 Page: 9999

CCN	CCN STATUS	CHECK RECEIVED DATE	CHECK NUMBER	REFUND REASON	CHILD SUPPORT CASE NUMBER	CROSS REFERENCE CCN	POST AMOUNT	ADJUSTMENT DATE	DIST DATE
XXXXXXXXXX	X	MM/DD/CCYY	XXXXXXXXXX	XX	XXXXXXXXXX	XXXXXXXXXXXXXX	9,999,999.99	MM/DD/CCYY	MM/DD/CCYY
				XX	XXXXXXXXXX	XXXXXXXXXXXXXX	9,999,999.99	MM/DD/CCYY	MM/DD/CCYY
				XX	XXXXXXXXXX	XXXXXXXXXXXXXX	9,999,999.99	MM/DD/CCYY	MM/DD/CCYY
				XX	XXXXXXXXXX	XXXXXXXXXXXXXX	9,999,999.99	MM/DD/CCYY	MM/DD/CCYY
TOTAL FOR CCN							99,999,999.99		
XXXXXXXXXX	X	MM/DD/CCYY	XXXXXXXXXX	XX	XXXXXXXXXX	XXXXXXXXXXXXXX	9,999,999.99	MM/DD/CCYY	MM/DD/CCYY
				XX	XXXXXXXXXX	XXXXXXXXXXXXXX	9,999,999.99	MM/DD/CCYY	MM/DD/CCYY
				XX	XXXXXXXXXX	XXXXXXXXXXXXXX	9,999,999.99	MM/DD/CCYY	MM/DD/CCYY
				XX	XXXXXXXXXX	XXXXXXXXXXXXXX	9,999,999.99	MM/DD/CCYY	MM/DD/CCYY
TOTAL FOR CCN							99,999,999.99		
XXXXXXXXXX	X	MM/DD/CCYY	XXXXXXXXXX	XX	XXXXXXXXXX	XXXXXXXXXXXXXX	9,999,999.99	MM/DD/CCYY	MM/DD/CCYY
				XX	XXXXXXXXXX	XXXXXXXXXXXXXX	9,999,999.99	MM/DD/CCYY	MM/DD/CCYY
				XX	XXXXXXXXXX	XXXXXXXXXXXXXX	9,999,999.99	MM/DD/CCYY	MM/DD/CCYY
				XX	XXXXXXXXXX	XXXXXXXXXXXXXX	9,999,999.99	MM/DD/CCYY	MM/DD/CCYY
TOTAL FOR CCN							99,999,999.99		
REFUND REASON 15 TOTAL POSTED FOR MM/CCYY							999,999,999.99		

*** END OF REPORT ***

*** NO DATA THIS RUN ***

2.8.92.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Adjustment Date	The date of the adjustment	8	Date (MM/DD/CCYY)	T_CASH_RCPT_DISP	DTE_POSTED
CCN	The CCN of the Cash Control record.	11	Char	T_CASH_RECEIPT	CASH_CTL_NO
CCN Status	The status of the Cash Control record at the time the report is run	2	Char	NA	NA
Check Number	The check number of the CCN.	9	Char	T_CASH_RECEIPT	NUM_CHECK
Check Received Date	The check date of the CCN.	8	Date (MM/DD/CCYY)	T_CASH_RECEIPT	DTE_CHECK
Child Support Case Number	The child support case number for the CCN (refund reason 14 only)	10	Char	T_CASH_RECEIPT	CASH_CTL_NO
Cross Reference CCN	The cross reference CCN (refund reason 15 only)	13	Char	NA	NA
Dist Date	The distribution date entered online, provided by the Division of Child Support Enforcement.	8	Date (MM/DD/CCYY)	T_CASH_JRNL_XREF	DTE_DIST
Post Amount	The amount posted to the refund transaction.	9	Number (Decimal)	T_CASH_RCPT_DISP	AMT_DISPOSITION
Refund Reason	The refund reason code of the transaction.	2	Char	T_CASH_RCPT_DISP	CDE_REASON_FOUR
Refund Reason Total	The total amount posted for a refund reason code.	11	Number (Decimal)	N/A	CALCULATED
Total for CCN	The total amount posted for a CCN	10	Number (Decimal)	N/A	CALCULATED

2.8.92.5 Associated Programs

Program	Description
tpl0810m	Cash Control Non-Medicaid Child Support Refund Reasons 14 and 15 TPL-0810-M

2.8.92.6 Associated Requirements

ID
30.090.004.003.1

2.8.92.7 Change Orders

ID	Name	Description
8472	TPL-0740-D	The TPL-0740-D is not reporting correctly. Several records were entered into the Cash Disposition Panel with the reason code 1016. These are managed care specific dispositions from the JV process. The report is showing no data.
865	Cash Control reports	Create reports that display and summarize: The Cash Control refund reason codes 14, 15, 16 and 17 applied daily to the Cash Control file. The Cash Control refund reason codes 14 and 15 applied for the month to the Cash Control file. The Cash Control refund reason codes 16 and 17 applied for the month to the Cash Control file They will also print the CCN header information at the time the report is run.

2.8.93 TPL-0820-M -- Cash Control Managed Care Non-Medicaid Child Support Refunds

This report displays and summarizes the Cash Control refund reason codes 16 and 17 applied for the month to the Cash Control file. It prints the CCN header information at the time the report is run. This Child Support Refund report lists detailed child support payment info including dates and amounts providing a subtotal and total of CCN amounts by each reason code. Also provides total post amount by provider.

2.8.93.1 Technical Name

TPL-0820-M

2.8.93.2 Sort Order

CCN

2.8.93.3 Cash Control Managed Care Non-Medicaid Child Support Refunds Layout

```

Report   : TPL-0820-M                      COMMONWEALTH OF KENTUCKY                      Run Date: MM/DD/CCYY
Process  : TPLJM820                        MEDICAID MANAGEMENT INFORMATION SYSTEM          Run Time:  99:99:99
Location : TPL0820M                       CASH CONTROL MANAGED CARE NON-MEDICAID CHILD SUPPORT REFUNDS      Page:      9999
                                           MONTHLY TRANSACTIONS FOR MANAGED CARE REFUNDS
                                           BETWEEN MM/DD/CCYY AND MM/DD/CCYY

CCN: XXXXXXXXXXXX  CHECK DATE: MM/DD/CCYY  CHECK NUMBER: XXXXXXXXXX  DISP:  9,999,999.99  CURR:  9,999,999.99
REFUND
REASON  CHLD SUPP CASE  MEMBER ID      MEMBER NAME      MEMBER      PROVIDER
-----  -
XX      XXXXXXXXXXXX  XXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM/DD/CCYY  XXXXXXXXXX  MM/DD/CCYY  99999999  9,999,999.99

TOTAL FOR CCN                                          999,999,999.99

TOTAL FOR PROVIDER                                          999,999,999.99

GRAND TOTAL                                          999,999,999.99

***  END OF REPORT  ***

***  NO DATA THIS RUN  ***

```

2.8.93.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
CCN	The CCN of the Cash Control record.	11	Char	T_CASH_RECEIPT	CASH_CTL_NO

Field	Description	Length	Data Type	DB Table	DB Attributes
Check Date	The check date of the CCN.	8	Date (MM/DD/CCYY)	T_CASH_RECEIPT	DTE_CHECK
Check Number	The check number of the CCN.	9	Char	T_CASH_RECEIPT	NUM_CHECK
Chld Supp Case	The child support case number associated with the transaction.	10	Char	T_CASH_RECEIPT	CASH_CTL_NO
Clerk	The clerk who keyed the refund transaction.	8	Char	T_ANALYST	ID_CLERK
Curr	The current balance of the CCN at the time the report runs.	9	Decimal	N/A	CALCULATED
Disp	The disposition amount of the CCN at the time the report runs	9	Decimal	N/A	CALCULATED
Grand Total	The total amount reported.	11	Number (Decimal)	N/A	CALCULATED
Member Date Of Birth	The member date of birth associated with the CCN transaction.	8	Date (MM/DD/CCYY)	T_RE_BASE	DTE_BIRTH
Member ID	The member ID associated with the CCN transaction.	12	Char	T_RE_BASE	ID_MEDICAID
Member Name	The member name associated with the CCN transaction.	30	Char	T_RE_BASE	NAM_LAST, NAM_FIRST
Post Amount	The amount posted to the refund transaction.	9	Number (Decimal)	T_CASH_RCPT_DISP	AMT_DISPOSITION

Field	Description	Length	Data Type	DB Table	DB Attributes
Post Date	The date the refund was posted to the CCN record.	8	Date (MM/DD/CCYY)	T_CASH_RCPT_DISP	DTE_POSTED
Provider Number	The provider associated with the CCN transaction.	9	Char	T_PR_PROV	ID_PROVIDER
Refund Reason	The refund reason code of the transaction.	2	Char	T_CASH_RCPT_DISP	CDE_REASON_FOUR
Total For CCN	The total amount posted for a CCN.	11	Number (Decimal)	N/A	CALCULATED
Total For Provider	The total amount posted for the provider	11	Number (Decimal)	N/A	CALCULATED

2.8.93.5 Associated Programs

Program	Description
tpl0820m	Cash Control Managed Care Non-Medicaid Child Support Refunds TPL-0820-M

2.8.93.6 Associated Requirements

ID
30.090.004.003.1

2.8.93.7 Change Orders

ID	Name	Description
4329	TPL 0820 M	Line three of the heading in report TPL-0820-M in onbase does not match PWB. The last column should have post amount but instead has 'post amou' in the TPL-820-M in onbase.
8472	TPL-0740-D	The TPL-0740-D is not reporting correctly. Several records were entered into the Cash Disposition Panel with the reason code 1016. These are managed care specific dispositions from the JV process. The report is showing no data.

ID	Name	Description
865	Cash Control reports	<p>Create reports that display and summarize:</p> <p>The Cash Control refund reason codes 14, 15, 16 and 17 applied daily to the Cash Control file.</p> <p>The Cash Control refund reason codes 14 and 15 applied for the month to the Cash Control file.</p> <p>The Cash Control refund reason codes 16 and 17 applied for the month to the Cash Control file</p> <p>They will also print the CCN header information at the time the report is run.</p>

2.8.94 TPL-0830-W -- TPL Weekly Status - Benefit Recovery Totals

This report lists the benefit recovery totals. TPL Weekly Status Report displays totals for current week, month to date, quarter to date, and fiscal year to date on numerous categories providing totals for each time period.

2.8.94.1 Technical Name

TPL-0830-W

2.8.94.2 Sort Order

Casualty Case Number

2.8.94.3 TPL Weekly Status - Benefit Recovery Totals Layout

Report : TPL-0830-W	COMMONWEALTH OF KENTUCKY (M1)		Run Date: MM/DD/YYYY	
Process : TPLJW830	MEDICAID MANAGEMENT INFORMATION SYSTEM		Run Time: HH:MI:SS	
Location: TPL0830W	TPL WEEKLY STATUS		Page: 99999	
BENEFIT RECOVERY TOTALS				
	CURRENT WEEK	MONTH TO DATE	QUARTER TO DATE	FISCAL YEAR TO DATE
	MM/DD/YYYY THRU MM/DD/YYYY	MM/DD/YYYY THRU MM/DD/YYYY	04/DD/YYYY THRU MM/DD/YYYY	07/DD/YYYY THRU MM/DD/YYYY
NUMBER OF BILLING RECORDS OPENED:	999,999	999,999	999,999	999,999
NUMBER OF BILLING RECORDS CLOSED:	999,999	999,999	999,999	999,999
TOTAL PENDING BILLING RECORDS:	999,999,999			
TOTAL PENDING AMOUNT:	\$999,999,999.99			
CATEGORIES:				
HEALTH:	\$99,999,999.99	\$99,999,999.99	\$99,999,999.99	\$99,999,999.99
ATTORNEY:	\$99,999,999.99	\$99,999,999.99	\$99,999,999.99	\$99,999,999.99
EXCLUSIONS:	\$99,999,999.99	\$99,999,999.99	\$99,999,999.99	\$99,999,999.99
ESTATE/TRUST RECOVERIES:	\$99,999,999.99	\$99,999,999.99	\$99,999,999.99	\$99,999,999.99
TOTALS:	\$999,999,999.99	\$999,999,999.99	\$999,999,999.99	\$999,999,999.99

*** END OF REPORT ***

2.8.94.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Attorney - Monthly	The amount posted to attorney billing records for month-to-date.	9	Number (Decimal)	N/A	CALCULATED
Attorney - Quarterly	The amount posted to attorney billing records for quarter-to-date.	9	Number (Decimal)	N/A	CALCULATED
Attorney - Weekly	The amount posted to attorney billing records in the previous week.	9	Number (Decimal)	N/A	CALCULATED
Attorney - Yearly	The amount posted to attorney billing records for fiscal year-to-date.	9	Number (Decimal)	N/A	CALCULATED
Estate/Trust Recoveries - Montly	The amount posted to Estate/Trust recovery billing records for month-to-date.	9	Number (Decimal)	N/A	CALCULATED
Estate/Trust Recoveries - Quarterly	The amount posted to Estate/Trust recovery billing records for quarter-to-date	9	Number (Decimal)	N/A	CALCULATED
Estate/Trust Recoveries - Weekly	The amount posted to Estate/Trust recovery billing records for the previous week.	9	Number (Decimal)	N/A	CALCULATED
Estate/Trust Recoveries - Yearly	The total amount posted to estate/trust recovery billing records for the fiscal year to date.	9	Number (Decimal)	N/A	CALCULATED
Exclusions - Monthly	The amount posted to exclusion billing records for month-to-date.	9	Number (Decimal)	N/A	CALCULATED
Exclusions - Quarterly	The amount posted to exclusion billing records for quarter-to-date.	9	Number (Decimal)	N/A	CALCULATED

Field	Description	Length	Data Type	DB Table	DB Attributes
Exclusions - Weekly	The amount posted to exclusion billing records in the previous week.	9	Number (Decimal)	N/A	CALCULATED
Exclusions - Yearly	The amount posted to exclusion billing records for fiscal year-to-date.	9	Number (Decimal)	N/A	CALCULATED
Health - Monthly	The amount posted to health insurance billing records for month-to-date.	9	Number (Decimal)	N/A	CALCULATED
Health - Quarterly	The amount posted to health insurance billing records for quarter-to-date.	9	Number (Decimal)	N/A	CALCULATED
Health - Weekly	The amount posted to health insurance billing records in the previous week.	9	Number (Decimal)	N/A	CALCULATED
Health - Yearly	The amount posted to health insurance billing records for fiscal year-to-date	9	Number (Decimal)	N/A	CALCULATED
Number Of Billing Records Closed Monthly	The total number of billing records that were closed for month-to-date.	6	Number	N/A	CALCULATED
Number Of Billing Records Closed Quarterly	The total number of billing records that were closed for quarter-to-date.	6	Number	N/A	CALCULATED
Number Of Billing Records Closed Weekly	The total number of billing records that were closed in the previous week.	6	Number	N/A	CALCULATED

Field	Description	Length	Data Type	DB Table	DB Attributes
Number Of Billing Records Closed Yearly	The total number of billing records that were closed for fiscal year-to-date.	6	Number	N/A	CALCULATED
Number Of Billing Records Opened Monthly	The total number of billing records that were opened for month-to-date.	6	Number	N/A	CALCULATED
Number Of Billing Records Opened Quarterly	The total number of billing records that were opened for quarter-to-date.	6	Number	N/A	CALCULATED
Number Of Billing Records Opened Weekly	The total number of billing records that were opened in the previous week.	6	Number	N/A	CALCULATED
Number Of Billing Records Opened Yearly	The total number of billing records that were opened for fiscal year-to-date.	6	Number	N/A	CALCULATED
Total - Monthly	The total amount posted for month-to-date.	10	Number (Decimal)	N/A	CALCULATED
Total - Quarterly	The total amount posted for quarter-to-date.	10	Number (Decimal)	N/A	CALCULATED
Total - Weekly	The total amount posted during the previous week.	10	Number (Decimal)	N/A	CALCULATED
Total - Yearly	The total amount posted for fiscal year-to-date.	10	Number (Decimal)	N/A	CALCULATED

Field	Description	Length	Data Type	DB Table	DB Attributes
Total Pending Amount	The total dollar amount of all open billing records.	11	Number (Decimal)	N/A	CALCULATED
Total Pending Billing Records	The total number of billing records that are in an open status.	7	Number	N/A	CALCULATED

2.8.94.5 Associated Programs

Program	Description
tpl0830w	TPL Weekly Status TPL-0830-W

2.8.94.6 Associated Requirements

ID
30.090.004.003.1

2.8.94.7 Change Orders

ID	Name	Description
1186	Weekly Status report	Create TPL Weekly Status report.
3365	REL2-T_HIPP_EXPEND_XREF Batch	The table t_hipp_expend_xref will include the sak_short field as part of the primary key. Research and update batch code if necessary.
8298	TPL-0830-W	The TPL-0830-W had incorrect dates for reporting Quarter To Date and the Fiscal Year to date. The QTD had 01/01 - 03/31 instead of 4/01 - 06/08 The fiscal YTD had 7/1/05 - 6/30/06 instead of 7/1/06 - 6/30/07

2.8.95 TPL-0870-W -- TPL-PCG Pending

This report reflects all TPL Unit and Public Consulting Group, Inc. (PCG) billing records which are in a pending status. Numerous categories of claim counts and pending amounts subtotals and totals are listed for TPL Unit Pending and PCG Pending providing combined totals and grand totals.

2.8.95.1 Technical Name

TPL-0870-W

2.8.95.2 Sort Order

N/A – Totals only

2.8.95.3 TPL-PCG Pending Layout

Report : TPL-0870-W
Process : TPLJW870
Location: TPL0870W

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
TPL-HMS PENDING REPORT

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TPL PENDING DETAIL REPORT

CATEGORY	TPL UNIT PENDING		CONTRACTOR PENDING		COMBINED TOTAL PENDING	
	# CLAIMS	AMT	# CLAIMS	AMT	# CLAIMS	AMT
HEALTH:						
90 DAYS OR LESS:	999,999	\$9,999,999.99	999,999	\$9,999,999.99	9,999,999	\$99,999,999.99
GREATER THAN 90 DAYS:	999,999	\$9,999,999.99	999,999	\$9,999,999.99	9,999,999	\$99,999,999.99
TOTAL HEALTH:	9,999,999	\$99,999,999.99	9,999,999	\$99,999,999.99	99,999,999	\$999,999,999.99
TRICARE:	999,999	\$9,999,999.99	999,999	\$9,999,999.99	9,999,999	\$99,999,999.99
MEDICARE:	999,999	\$9,999,999.99	999,999	\$9,999,999.99	9,999,999	\$99,999,999.99
ATTORNEY:			999,999	\$9,999,999.99	9,999,999	\$99,999,999.99
TOTAL:	9,999,999	\$99,999,999.99	9,999,999	\$99,999,999.99	99,999,999	\$999,999,999.99
OTHER:						
90 DAYS OR LESS:	999,999	\$9,999,999.99	999,999	\$9,999,999.99	999,999	\$9,999,999.99
GREATER THAN 90 DAYS:	999,999	\$9,999,999.99	999,999	\$9,999,999.99	999,999	\$9,999,999.99
TOTAL OTHERS:	9,999,999	\$99,999,999.99	9,999,999	\$99,999,999.99	9,999,999	\$99,999,999.99
GRAND TOTAL:	99,999,999	\$999,999,999.99	99,999,999	\$999,999,999.99	999,999,999	\$9,999,999,999.99

Report : TPL-0870-W
 Process : TPLJW870
 Location: TPL0870W

COMMONWEALTH OF KENTUCKY
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 TPL-HMS PENDING REPORT

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HMS PENDING DETAIL REPORT

CATEGORY	90 DAYS OR LESS FROM DOR		91 THRU 119 DAYS FROM DOR		120 DAYS AND OVER FROM DOR		TOTALS	
	# CLAIMS	AMT. PENDING	# CLAIMS	AMT. PENDING	# CLAIMS	AMT. PENDING	# CLAIMS	AMT. PENDING
HEALTH:	999,999	\$9,999,999.99	999,999	\$9,999,999.99	999,999	\$9,999,999.99	9,999,999	\$99,999,999.99
MEDICARE:	999,999	\$9,999,999.99	999,999	\$9,999,999.99	999,999	\$9,999,999.99	9,999,999	\$99,999,999.99
TRICARE:	999,999	\$9,999,999.99	999,999	\$9,999,999.99	999,999	\$9,999,999.99	9,999,999	\$99,999,999.99
TOTAL:	9,999,999	\$99,999,999.99	9,999,999	\$99,999,999.99	9,999,999	\$99,999,999.99	99,999,999	\$999,999,999.99

HMS1 PENDING DETAIL REPORT

CATEGORY	90 DAYS OR LESS FROM DOR		91 THRU 119 DAYS FROM DOR		120 DAYS AND OVER FROM DOR		TOTALS	
	# CLAIMS	AMT. PENDING	# CLAIMS	AMT. PENDING	# CLAIMS	AMT. PENDING	# CLAIMS	AMT. PENDING
HEALTH:	999,999	\$9,999,999.99	999,999	\$9,999,999.99	999,999	\$9,999,999.99	9,999,999	\$99,999,999.99
MEDICARE:	999,999	\$9,999,999.99	999,999	\$9,999,999.99	999,999	\$9,999,999.99	9,999,999	\$99,999,999.99
TRICARE:	999,999	\$9,999,999.99	999,999	\$9,999,999.99	999,999	\$9,999,999.99	9,999,999	\$99,999,999.99
TOTAL:	9,999,999	\$99,999,999.99	9,999,999	\$99,999,999.99	9,999,999	\$99,999,999.99	99,999,999	\$999,999,999.99

HMS2 PENDING DETAIL REPORT

CATEGORY	90 DAYS OR LESS FROM DOR		91 THRU 119 DAYS FROM DOR		120 DAYS AND OVER FROM DOR		TOTALS	
	# CLAIMS	AMT. PENDING	# CLAIMS	AMT. PENDING	# CLAIMS	AMT. PENDING	# CLAIMS	AMT. PENDING
HEALTH:	999,999	\$9,999,999.99	999,999	\$9,999,999.99	999,999	\$9,999,999.99	9,999,999	\$99,999,999.99
MEDICARE:	999,999	\$9,999,999.99	999,999	\$9,999,999.99	999,999	\$9,999,999.99	9,999,999	\$99,999,999.99
TRICARE:	999,999	\$9,999,999.99	999,999	\$9,999,999.99	999,999	\$9,999,999.99	9,999,999	\$99,999,999.99
ATTORNEY:	999,999	\$9,999,999.99	999,999	\$9,999,999.99	999,999	\$9,999,999.99	9,999,999	\$99,999,999.99
OTHER:	999,999	\$9,999,999.99	999,999	\$9,999,999.99	999,999	\$9,999,999.99	9,999,999	\$99,999,999.99
TOTAL:	9,999,999	\$99,999,999.99	9,999,999	\$99,999,999.99	9,999,999	\$99,999,999.99	99,999,999	\$999,999,999.99

*** END OF REPORT ***
 *** NO DATA THIS RUN ***

2.8.95.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Grand Total - Combined Total (# Claims)	The grand total number of all billing records that are being pursued by TPL Unit and PCG that are in a pending status.	8	Number	N/A	CALCULATED
Grand Total - Combined Total (Pending Amt)	The grand total dollar amount for the billing records that are being pursued by TPL Unit that are in pending status.	11	Decimal	N/A	CALCULATED
Grand Total - Contractor Pending Over 90 Days and New Accounts (Pending Amt)	The grand total dollar amount for all billing records that are being pursued by PCG that are in a pending status.	11	Decimal	N/A	CALCULATED
Grand Total - Contractor Pending Over 90 Days and New Accounts (# Claims)	The grand total number of all billing records that are being pursued by PCG that are in a pending status.	8	Number	N/A	CALCULATED
Grand Total - TPL Unit Pending (# Claims)	The grand total number of all billing records that are being pursued by TPL Unit that are in a pending status.	8	Number	N/A	CALCULATED
Grand Total - TPL Unit Pending (Pending Amt)	The grand total dollar amount for all billing records that are being pursued by TPL Unit that are in a pending status.	11	Decimal	N/A	CALCULATED
Greater Than 90 - Combined Total (# Claims)	The combined number of health insurance billing records being pursued by TPL Unit and PCG that are in a pending status.	6	Number	N/A	CALCULATED

Field	Description	Length	Data Type	DB Table	DB Attributes
Greater Than 90 - Contractor Pending Over 90 Days and New Accounts (# Claims)	The number of health insurance billing records being pursued by PCG that are in a pending status and are greater than 90 days.	6	Number	N/A	CALCULATED
Greater Than 90 - TPL Unit Pending (# Claims)	The number of health insurance billing records being pursued by TPL Unit that are in a pending status and are greater than 90 days.	6	Number	N/A	CALCULATED
Greater Than 90 Days - Combined Total (Pending Amt)	The combined dollar amount of health insurance billing records being pursued by TPL Unit and PCG that are in a pending status.	9	Decimal	N/A	CALCULATED
Greater Than 90 Days - Contractor Pending Over 90 Days and New Accounts (Pending Amt)	The dollar amount of health insurance billing records being pursued by PCG that are in a pending status and are greater than 90 days.	9	Decimal	N/A	CALCULATED
Greater Than 90 Days - TPL Unit Pending (Pending Amt)	The dollar amount of health insurance billing records being pursued by TPL Unit that are in a pending status and are greater than 90 days.	9	Decimal	N/A	CALCULATED
Health # Claims 90 119 Days From DOR	The number of health insurance billing records that are in a pending status and are 90-119 days from the date of referral.	9	Number	N/A	CALCULATED
Health # Claims Over 20 Days From DOR	The number of health insurance billing records that are in a pending status and are over 120 days from the date of referral.	9	Number	N/A	CALCULATED

Field	Description	Length	Data Type	DB Table	DB Attributes
Health - # Claims Under 90 Days From DOR.	The number of health insurance billing records that are in a pending status and are 90 days or less from the date of referral.	9	Number	N/A	CALCULATED
Health Amt. Pending For Claims 90-119 Days From DOR	The dollar amount of health insurance billing records that are in a pending status and are 90-119 days from the date of referral.	9	Decimal	N/A	CALCULATED
Health Amt. Pending For Claims Over 120 Days From DOR	The dollar amount of health insurance billing records that are in a pending status and are over 120 days from the date of referral.	9	Decimal	N/A	CALCULATED
Health Amt. Pending For Claims Under 90 Days From DOR	The dollar amount of health insurance billing records that are in a pending status and are 90 days or less from the date of referral.	9	Decimal	N/A	CALCULATED
Health Claims Total	The total number of health insurance billing records that are in a pending status.	9	Number	N/A	CALCULATED
Health Total Amt. Pending	The total dollar amount of health insurance billing records that are in a pending status.	9	Decimal	N/A	CALCULATED
Health(Under 90 Days) - Combined Total(# Claims)	The combined number of health insurance billing records being pursued by TPL Unit and PCG that are in a pending status.	6	Number	N/A	CALCULATED
Health(Under 90 Days) - Combined Total(Pending Amt)	The total dollar amount of health insurance billing records being pursued by TPL Unit and PCG that are in a pending status.	9	Decimal	N/A	CALCULATED
Health(Under 90 Days) - Contractor Pending Over 90	The number of health insurance billing records being pursued by PC that are in a pending	6	Number	N/A	CALCULATED

Field	Description	Length	Data Type	DB Table	DB Attributes
Days and New Accounts(# Claims)	status and are over 90 days or new accounts.				
Health(Under 90 Days) - Contractor Pending Over 90 Days and New Accounts(Pending Amt)	The total dollar amount of health insurance billing records being pursued by PCG that are in a pending status and are over 90 days or new accounts.	9	Decimal	N/A	CALCULATED
Health(Under 90 Days) - TPL Unit Pending(# Claims)	The number of health insurance billing records being pursued by TPL Unit that are in a pending status and are 90 days or less.	6	Number	N/A	CALCULATED
Health(Under 90 Days) - TPL Unit Pending(Pending Amt)	The total dollar amount of health insurance billing records being pursued by TPL Unit that are in a pending status and are 90 days or less.	9	Decimal	N/A	CALCULATED
Medicare # Claims 90 119 Days From DOR	The number of Medicare insurance billing records that are in a pending status and are 90-119 days from the date of referral.	9	Number	N/A	CALCULATED
Medicare # Claims Over 120 Days From DOR	The number of Medicare insurance billing records that are in a pending status and are over 120 days from the date of referral.	9	Number	N/A	CALCULATED
Medicare # Claims Under 90 Days From DOR	The number of Medicare insurance billing records that are in a pending status and are 90 days or less from the date of referral.	9	Number	N/A	CALCULATED
Medicare - Combined Total (# Claims)	The total number of Medicare billing records that are being pursued by PCG that are in a pending status.	6	Number	N/A	CALCULATED

Field	Description	Length	Data Type	DB Table	DB Attributes
Medicare - Combined Total (Pending Amt)	The total dollar amount of Medicare billing records that are being pursued by PCG that are in a pending status.	9	Decimal	N/A	CALCULATED
Medicare - Contractor Pending Over 90 Days and New Accounts (# Claims)	The number of Medicare billing records being pursued by PCG that are in a pending status and are over 90 days or a new account.	6	Number	N/A	CALCULATED
Medicare - Contractor Pending Over 90 Days and New Accounts(Pending Amt)	The total dollar amount of Medicare billing records being pursued by PCG that are in a pending status and are over 90 days or a new account.	9	Decimal	N/A	CALCULATED
Medicare - TPL Unit Pending (Claims)	This field is not applicable. All Medicare billing records are identified and pursued by PCG.	6	Number	N/A	CALCULATED
Medicare - TPL Unit Pending (Pending Amt)	This field is not applicable. All Medicare billing records are identified and pursued by PCG.	9	Decimal	N/A	CALCULATED
Medicare Amt. Pending For Claims 90 119 Days From DOR	The dollar amount of Medicare insurance billing records that are in a pending status and are over 120 days from the date of referral.	9	Decimal	N/A	CALCULATED
Medicare Amt. Pending For Claims Over 120 Days From DOR	The dollar amount of Medicare insurance billing records that are in a pending status and are over 120 days from the date of referral.	9	Decimal	N/A	CALCULATED
Medicare Amt. Pending For Claims Under 0Days From DOR	The dollar amount of Medicare insurance billing records that are in a pending status and are 90-119 days from the date of referral.	9	Decimal	N/A	CALCULATED

Field	Description	Length	Data Type	DB Table	DB Attributes
Medicare Claims Total	The total number of Medicare insurance billing records that are in a pending status.	9	Number	N/A	CALCULATED
Medicare Total Amt. Pending	The total dollar amount of Medicare insurance billing records that are in a pending status.	9	Decimal	N/A	CALCULATED
Other 90 Days or Less - Combined Total (# Claims)	The total number of other billing records that are being pursued by TPL Unit that are in a pending status and are 90 days or less.	6	Number	N/A	CALCULATED
Other 90 Days or Less - Combined Total (Pending Amt)	The total dollar amount of other billing records that are being pursued by TPL Unit that are in a pending status and are 90 days or less.	9	Decimal	N/A	CALCULATED
Other 90 Days or Less - Contractor Pending Over 90 Days and New Accounts (# Claims)	This field is not applicable. PCG does not pursue other types of billings.	6	Number	N/A	CALCULATED
Other 90 Days or Less - Contractor Pending Over 90 Days and New Accounts (Pending Amt)	This field is not applicable. PCG does not pursue other types of billings.	9	Decimal	N/A	CALCULATED
Other 90 Days or Less - TPL Unit Pending (# Claims)	The number of other billing records that are being pursued by TPL Unit that are in a pending status and are 90 days or less.	6	Number	N/A	CALCULATED
Other 90 Days or Less - TPL Unit Pending (Pending Amt)	The total dollar amount of other billing records that are being pursued by TPL Unit that are in a pending status and are 90 days or less.	9	Decimal	N/A	CALCULATED

Field	Description	Length	Data Type	DB Table	DB Attributes
Other Greater Than 90 Days - Combined Total (Pending Amt)	The total dollar amount of other billing records that are being pursued by TPL Unit that are in a pending status and are 90 days or less.	9	Decimal	N/A	CALCULATED
Other Greater Than 90 Days - Contractor Pending Over 90 Days and New Accounts (Pending Amt)	This field is not applicable. PCG does not pursue other types of billings.	9	Decimal	N/A	CALCULATED
Other Greater Than 90 Days - TPL Unit Pending (Pending Amt)	The total dollar amount of other billing records that are being pursued by TPL Unit that are in a pending status and are 90 days or less.	9	Decimal	N/A	CALCULATED
Other Greater than 90 Days - Combined Total (# Claims)	The total number of other billing records that are being pursued by TPL Unit that are in a pending status and are greater than 90 days.	6	Number	N/A	CALCULATED
Other Greater than 90 Days - Contractor Pending Over 90 Days and New Accounts (# Claims)	This field is not applicable. PCG does not pursue other types of billings.	6	Number	N/A	CALCULATED
Other Greater than 90 Days - TPL Unit Pending (# Claims)	The total number of other billing records that are being pursued by TPL Unit that are in a pending status and are greater than 90 days.	6	Number	N/A	CALCULATED
Total # Claims 90 119 Days From DOR	The total number of insurance billing records that are in a pending status and are 90-119 days from the date of referral.	9	Number	N/A	CALCULATED
Total # Claims Over 120 Days From DOR	The total number of insurance billing records that are in a pending status and are over 120	9	Number	N/A	CALCULATED

Field	Description	Length	Data Type	DB Table	DB Attributes
	days from the date of referral.				
Total # Claims Under 90 Days From DOR	The total number of insurance billing records that are in a pending status and are 90 days or less from the date of referral	9	Number	N/A	CALCULATED
Total Amt. Pending For Claims 90-119 Days From DOR	The total dollar amount of insurance billing records that are in a pending status and are 90-119 days from the date of referral.	9	Decimal	N/A	CALCULATED
Total Amt. Pending For Claims Over 120 Days From DOR	The total dollar amount of insurance billing records that are in a pending status and are over 120 days from the date of referral.	9	Decimal	N/A	CALCULATED
Total Amt. Pending For Claims Under 90 Days From DOR	The total dollar amount of insurance billing records that are in a pending status and are 90 days or less from the date of referral.	9	Decimal	N/A	CALCULATED
Total Claims Total	The total number of insurance billing records that are in a pending status.	9	Number	N/A	CALCULATED
Total Health Insurance - Combined Total (# Claims)	The total number of health insurance billing records being pursued by TPL Unit and PCG that are in a pending status.	7	Number	N/A	CALCULATED
Total Health Insurance - Combined Total (Pending Amt)	The total dollar amount of health insurance billing records being pursued by TPL Unit and PCG that are in a pending status.	10	Decimal	N/A	CALCULATED

Field	Description	Length	Data Type	DB Table	DB Attributes
Total Health Insurance - Contractor Pending Over 90 Days and New Accounts (# Claims)	The total number of health insurance billing records being pursued by PCG that are in a pending status.	7	Number	N/A	CALCULATED
Total Health Insurance - Contractor Pending Over 90 Days and New Accounts (Pending Amt)	The total dollar amount of health insurance billing records being pursued by PCG that are in a pending status.	10	Decimal	N/A	CALCULATED
Total Health Insurance - TPL Unit Pending (# Claims)	The total number of health insurance billing records being pursued by TPL Unit that are in a pending status.	7	Number	N/A	CALCULATED
Total Health Insurance - TPL Unit Pending (Pending Amt)	The total dollar amount of health insurance billing records being pursued by TPL Unit that are in a pending status.	10	Decimal	N/A	CALCULATED
Total Others - Combined Total (# Claims)	The total number of other billing records that are being pursued by TPL Unit that are in a pending status.	7	Number	N/A	CALCULATED
Total Others - Combined Total (Pending Amt)	The total dollar amount for billing records that are being pursued by TPL Unit that are in a pending status.	10	Decimal	N/A	CALCULATED
Total Others - Contractor Pending Over 90 Days and New Accounts (# Claims)	This field is not applicable. PCG does not pursue other types of billings.	7	Number	N/A	CALCULATED

Field	Description	Length	Data Type	DB Table	DB Attributes
Total Others - Contractor Pending Over 90 Days and New Accounts (Pending Amt)	This field is not applicable. PCG does not pursue other types of billings.	10	Decimal	N/A	CALCULATED
Total Others - TPL Unit Pending (# Claims)	The total number of other billing records that are being pursued by TPL Unit that are in a pending status.	7	Number	N/A	CALCULATED
Total Others - TPL Unit Pending (Pending Amt)	The total dollar amount for all billing records that are being pursued by TPL Unit that are in a pending status.	10	Decimal	N/A	CALCULATED
Total Total Amt. Pending	The total dollar amount of insurance billing records that are in a pending status.	9	Decimal	N/A	CALCULATED
Tri-Care # Claims 90 119 Days From DOR	The number of Tri-Care insurance billing records that are in a pending status and are 90-119 days from the date of referral.	9	Number	N/A	CALCULATED
Tri-Care # Claims Over 120 Days From DOR	The number of Tri-Care insurance billing records that are in a pending status and are over 120 days from the date of referral.	9	Number	N/A	CALCULATED
Tri-Care # Claims Under 90 Days From DOR	The number of Tri-Care insurance billing records that are in a pending status and are 90 days or less from the date of referral.	9	Number	N/A	CALCULATED
Tri-Care - Combined Total (# Claims)	The number of Tri-Care billing records being pursued by PCG that are in a pending status.	6	Number	N/A	CALCULATED

Field	Description	Length	Data Type	DB Table	DB Attributes
Tri-Care - Combined Total (Pending Amt)	The total dollar amount of Tri-Care billing records being pursued by PCG that are in a pending status.	9	Decimal	N/A	CALCULATED
Tri-Care - Contractor Pending over 90 Days and New Accounts (#Claims)	The number of Tri-Care billing records being pursued by PCG that are in a pending status and are over 90 days or new accounts.	6	Number	N/A	CALCULATED
Tri-Care - Contractor Pending over 90 Days and New Accounts (Pending Amt)	The total dollar amount of Tri-Care billing records being pursued by PCG that are in a pending status and are over 90 days or new accounts.	9	Decimal	N/A	CALCULATED
Tri-Care - TPL Unit Pending (# Claims)	This field is not applicable. All Tri-Care billing records are identified and pursued by PCG.	6	Number	N/A	CALCULATED
Tri-Care - TPL Unit Pending (Pending Amt)	This field is not applicable. All Tri-Care billing records are identified and pursued by PCG.	9	Decimal	N/A	CALCULATED
Tri-Care Amt. Pending For Claims 90-119 Days From DOR	The dollar amount of Tri-Care insurance billing records that are in a pending status and are 90-119 days from the date of referral.	9	Decimal	N/A	CALCULATED
Tri-Care Amt. Pending For Claims Over 120 Days From DOR	The dollar amount of Tri-Care insurance billing records that are in a pending status and are over 120 days from the date of referral.	9	Decimal	N/A	CALCULATED
Tri-Care Amt. Pending For Claims Under 90 Days From DOR	The dollar amount of Tri-Care insurance billing records that are in a pending status and are 90 days or less from the date of referral.	9	Decimal	N/A	CALCULATED

Field	Description	Length	Data Type	DB Table	DB Attributes
Tri-Care Claims Total	The total number of Tri-Care insurance billing records that are in a pending status.	9	Number	N/A	CALCULATED
Tri-Care Total Amt. Pending	The total dollar amount of Tri-Care insurance billing records that are in a pending status.	9	Decimal	N/A	CALCULATED

2.8.95.5 Associated Programs

Program	Description
tpl0870w	TPL-PCG Pending TPL-0870-W
copy2routedir	Copy Reports to Router

2.8.95.6 Associated Requirements

ID
30.090.004.003.1

2.8.95.7 Change Orders

ID	Name	Description
2190	Promote to MO	Promotes CORE change orders to KY Test/MO
675	TPL/PCG Pending	Create TPL-PCG Pending report.

2.8.96 TPL-0890-M -- Billing Follow-up - Amounts Over \$1000

This report lists open billing records which are greater than \$1,000 and with no activity for 90 days. Billing Follow-Up provides, by carrier, policy and member info listing the amount.

2.8.96.1 Technical Name

TPL-0890-M

2.8.96.2 Sort Order

Carrier Code, TPL Policy Number

2.8.96.3 Billing Follow-up - Amounts Over \$1000 Layout

Report : TPL-0890-M
Process : TPLJM890
Location: TPLM0890

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
BILLING FOLLOW-UP AMOUNTS OVER \$1,000

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CARRIER ID: XXXXXXXX
CARRIER TYPE: XX
POLICY TYPE: XX

NAME: XX

POLICY NUMBER	MEMBER ID	NAME	ICN	DATE BILLED	AMOUNT BILLED
XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	MM/DD/CCYY	9,999,999.99

*** END OF REPORT ***
*** NO DATA THIS RUN ***

2.8.96.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Amount Billed	The amount billed to the carrier.	9	Number (Decimal)	T_TPL_AR_HEALTH	AMT
Carrier Id	The code that identifies the carrier.	7	Char	T_TPL_CARRIER	CDE_CARRIER
Carrier Type	The type of carrier.	2	Char	T_TPL_CARRIER	CDE_CARRIER_TYPE

Field	Description	Length	Data Type	DB Table	DB Attributes
Date Billed	The date of the original billing	8	Date (MM/DD/CCYY)	T_TPL_AR_HEALTH	DTE_BILLED
ICN	The transaction control number assigned to the claim.	13	Char	T_HIST_DIRECTOR Y	NUM_ICN_FL
Member Id	The member's Medicaid ID.	12	Char	T_RE_BASE	ID_MEDICAID
Name	The name of the member.	30	Char	T_RE_BASE	NAM_LAST, NAM_FIRST
Name (Carrier)	The carrier's name.	45	Char	T_TPL_CARRIER	NAM_BUS
Policy Number	The number assigned to a policy.	16	Char	T_TPL_RESOURCE	NUM_TPL_POLICY
Policy Type	The type of policy.	2	Char	T_TPL_RESOURCE	CDE_POLICY_TYPE

2.8.96.5 Associated Programs

Program	Description
tpl0890m	Billing Follow-up - Amounts Over \$1000

2.8.96.6 Associated Requirements

ID
30.090.004.003.1

2.8.96.7 Change Orders

ID	Name	Description
1053	Billing Follow-up report	Create Billing Follow-up report for Amounts Over \$1,000. Legacy KYMT3200-R001 was only for absent parent / worker's compensation. TPL-0890-M will include ALL open billing amounts over \$1,000 without activity for 90 days.

2.8.97 TPL-0900-R -- Commercial Insurance Datamatch

This report lists updates to be applied to the TPL Resource File as a result of the Commercial Insurance Datamatch Tape update process. Commercial Insurance Datamatch report provides detailed carrier and member information totaling coverage 01, 02 and 03 counts by carrier.

2.8.97.1 Technical Name

TPL-0900-R

2.8.97.2 Sort Order

Carrier ID

2.8.97.3 Commercial Insurance Datamatch Layout

Report : TPL-0900-R

Process : TPLJO900

Location: TPL0900R

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
COMMERCIAL INSURANCE DATAMATCH

Run Date: MM/DD/CCYY

Run Time: 99:99:99

Page: 9999

CARRIER ID: XXXXXXXX
CARRIER NAME: XX
ADDRESS: XX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XX XXXXXXXXXXXXXXXX

MEMBER ID	LAST NAME	FIRST NAME	ADDRESS	COV TYPE	BEG	END	POLHLD NAME
XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXX XX 99999	X	MM/DD/CCYY	MM/DD/CCYY	XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXX XX 99999	X	MM/DD/CCYY	MM/DD/CCYY	XXXXXXXXXXXXXXXXXXXX

COVERAGE 01 TOTAL: 999,999

COVERAGE 02 TOTAL: 999,999

COVERAGE 03 TOTAL: 999,999

*** END OF REPORT ***

*** NO DATA THIS RUN ***

2.8.97.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Address (carrier)	The street (30), city (18), state (2), and zip code (5) at which the carrier is located.	55	Char	T_TPL_CARRIER	ADR_MAIL_STRT1
Address (member)	The street (30), city (18), state (2), and zip code (5) in which the member resides.	55	Char	T_RE_BASE	ADR_STREET_1
Beg	The date the policy began.	8	Date (MM/DD/CCYY)	T_COVERAGE_XREF	DTE_EFFECTIVE
Carrier Id	The code that identifies the carrier.	7	Char	T_TPL_CARRIER	CDE_CARRIER
Carrier Name	The carrier's name.	45	Char	T_TPL_CARRIER	NAM_BUS
Cov Type	The type of coverage the member has through the carrier.	2	Char	T_COVERAGE_TYPE	CDE_COVERAGE
Coverage Totals	The total number of matches encountered on the tape for each coverage type.	6	Number	N/A	CALCULATED FIELD
End	The date the policy ended.	8	Date (MM/DD/CCYY)	T_COVERAGE_XREF	DTE_END
First Name	The first name of the member.	13	Char	T_RE_BASE	NAM_FIRST
Last Name	The last name of the member.	15	Char	T_RE_BASE	NAM_LAST
Member ID	The member's Medicaid ID.	12	Char	T_RE_BASE	ID_MEDICAID
Polhld Name	The policyholder name	30	Char	T_POLICY HOLDER	NAM_LAST

2.8.97.5 Associated Programs

Program	Description
tpl0900r	Commercial Insurance Datamatch TPL-0900-R and TPL-0901-R
tpl0900r	Commercial Insurance Datamatch TPL-0900-R and TPL-0901-R

2.8.97.6 Associated Requirements

ID
30.090.004.002.20
30.090.004.003.1
30.090.004.003.5
30.090.004.004.7

2.8.97.7 Change Orders

ID	Name	Description
359	TPL Interface from PCG TPL info	Add functionality to interface with PCG in regards to TPL Resource information.
4173	No column headings TPL 0900 R	There are no column headings on the report TPL-0900-R to verify in On Base against the PWB.

This report lists rejected updates that occurred as a result of the Commercial Insurance Datamatch Tape update process. Commercial Insurance Datamatch Error report provides member info and error reason, listing subtotals and combined totals of eligibility edits and carrier active error counts.

TPL-0901-R

Sequence of records from incoming file

```
Report : TPL-0901-R                                COMMONWEALTH OF KENTUCKY                               Run Date: MM/DD/CCYY
Process : TPLJ0900                                MEDICAID MANANGEMENT INFORMATION SYSTEM                       Run Time: 99:99:99
Location: TPL0900R                                COMMERCIAL INSURANCE DATAMATCH ERROR REPORT                     Page: 9999
```

MEMBER ID	NAME	ERROR REASON
XXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXXX	XX
XXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXXX	XX
XXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXXX	XX
XXX	###,###	
XXX	###,###	
XXX	###,###	
*** END OF REPORT ***		
*** NO DATA RUN ***		

Field	Description	Length	Data Type	DB Table	DB Attributes
Error Reason	The reason why the record was rejected.	50	Char	N/A	SYSTEM GENERATED
Member ID	The member's Medicaid ID.	12	Char	T_RE_BASE	ID_MEDICAID

Field	Description	Length	Data Type	DB Table	DB Attributes
Name	The member's name. Concatenated (NAM_LAST + NAM_FIRST).	35	Char	T_RE_BASE	CONCATENATED

2.8.98.5 Associated Programs

Program	Description
tpl0900r	Commercial Insurance Datamatch TPL-0900-R and TPL-0901-R
tpl0900r	Commercial Insurance Datamatch TPL-0900-R and TPL-0901-R

2.8.98.6 Associated Requirements

ID
30.090.004.002.20
30.090.004.003.1
30.090.004.003.5
30.090.004.004.7

2.8.98.7 Change Orders

ID	Name	Description
359	TPL Interface from PCG TPL info	Add functionality to interface with PCG in regards to TPL Resource information.

2.8.99 TPL-0910-Q -- TPL Carrier Text Records Changed to Inactive Status

This report provides a list of records on the TPL Carrier Text File, which are identified as being inactive carriers. Records are 'flagged' with a carrier status "I" on the record when there are no billings for a carrier number on file and there are no active TPL Resource Records with a policy end date greater than 3 years old from the current date for that same carrier number.

2.8.99.1 Technical Name

TPL-0910-Q

2.8.99.2 Sort Order

Carrier ID

For readability, the report layout appears on the next page.

2.8.99.3 TPL Carrier Text Records Changed to Inactive Status Layout

Report : TPL-0910-Q
Process : TPLJQ910
Location: TPL0910Q

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
TPL CARRIER TEXT RECORDS CHANGED TO INACTIVE STATUS

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 9999

CARRIER ID:	XXXXXXX	MTD1 NEW SEGMENTS	999,999
CARRIER NAME:	XX	MTD1 CHG SEGMENTS:	999,999
LAST TRANS DATE:	MM/DD/CCYY		
LAST UPDATE DATE:	MM/DD/CCYY	YTD1 NEW SEGMENTS:	999,999
CLERK ID:	XXXXXXX	YTD1 CHG SEGMENTS:	999,999
RECORD ADD DATE:	MM/DD/CCYY		
CARRIER TYPE:	XX	MTD2 NEW SEGMENTS	999,999
TPL BILL MEDIA:	X	MTD2 CHG SEGMENTS:	999,999
BILL FREQ DAYS:	XXX		
TAX ID:	XXXXXXXX	YTD2 NEW SEGMENTS:	999,999
		YTD2 CHG SEGMENTS:	999,999

CLAIMS SUBMISSION TO ADDRESS FIELDS

ADDRESS TYPE: X
CARRIER CONTACT: XX
CARRIER PHONE: XXXXXXXXXXXXXXXXXXXXXXXX
CARRIER ADDR1: XX
CARRIER ADDR2: XX
CARRIER CITY: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
CARRIER STATE: XX
CARRIER ZIP: XXXXXXXXX

CORPORATE ADDRESS DATA FIELDS

ADDRESS TYPE: X
CARRIER CONTACT: XX
CARRIER PHONE: XXXXXXXXXXXXXXXXXXXXXXXX
CARRIER ADDR1: XX
CARRIER ADDR2: XX
CARRIER CITY: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
CARRIER STATE: XX
CARRIER ZIP: XXXXXXXXX

*** END OF REPORT ***
*** NO DATA THIS RUN ***

2.8.99.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Address Type	Address Type	1	Char	N/A	DERIVED
Bill Freq Days	The days of the Bill frequency.	3	Number	T_TPL_CARRIER	BILL_FREQ
Carrier Address 1	Carrier Street Address 1	55	Char	T_TPL_CARRIER	ADR_MAIL_STRT1
Carrier Address 2	Carrier Street Address 2	55	Char	T_TPL_CARRIER	ADR_MAIL_STRT2
Carrier City	Carrier City	30	Char	T_TPL_CARRIER	ADR_MAIL_CITY
Carrier Contact	Carrier Contact	40	Char	T_TPL_CARRIER	NAM_CONTACT
Carrier ID	The code identifying the carrier.	7	Char	T_TPL_CARRIER	CDE_CARRIER
Carrier Name	The name of the carrier.	45	Char	T_TPL_CARRIER	NAM_BUS
Carrier State	Carrier State	2	Char	T_TPL_CARRIER	ADR_MAIL_STATE
Carrier Type	A code to identify the type of carrier.	9	Char	T_TPL_CARRIER	CDE_CARRIER
Carrier Zip	Carrier Zip	19	Char	T_TPL_CARRIER	ADR_MAIL_ZIP
Clerk ID	Clerk Identification	10	Char	N/A	DERIVED
Last Trans Date	The last transaction date.	8	Date (MM/DD/CCYY)	A_T_TPL_CARRIER	DTE_SYSDATE
Last Update Date	The last update date.	8	Date (MM/DD/CCYY)	A_T_TPL_CARRIER	DTE_SYSDATE
MTD1 CHG Segments	The MTD1 Change Segments.	6	Number	N/A	CALCULATED

Field	Description	Length	Data Type	DB Table	DB Attributes
MTD1 New Segments	The MTD1 New Segments.	6	Number	N/A	CALCULATED
MTD2 CHG Segments	The MTD2 Change Segments.	6	Number	N/A	CALCULATED
MTD2 New Segments	The MTD2 New Segments.	6	Number	N/A	CALCULATED
Record Add Date	The date the segment was added to the TPL Carrier Text File.	8	Date (MM/DD/CCYY)	A_T_TPL_CARRIER	DTE_SYSDATE
TPL Bill Media	The media type used to bill the carrier.	9	Char	T_TPL_CARRIER	CDE_BILL_MEDIA
Tax ID	The carrier's tax ID number.	9	Char	T_TPL_CARRIER	EIN
YTD1 CHG Segments	The YTD1 Change Segments.	6	Number	N/A	CALCULATED
YTD1 New Segments	The YTD1 New Segments	6	Number	N/A	CALCULATED
YTD2 CHG Segments	The YTD2 Change Segments	6	Number	N/A	CALCUALTED
YTD2 New Segments	The YTD2 New Segments	6	Number	N/A	CALCULATED

2.8.99.5 Associated Programs

Program	Description
tpl0910q	TPL Carrier Text Records Changed to Inactive Status TPL-0910-Q

2.8.99.6 Associated Requirements

ID
30.090.004.003.1

2.8.99.7 Change Orders

ID	Name	Description
1160	Carriers changed to Inactive	This report provides a list of records on the TPL Carrier Text File, which are identified as being inactive carriers. Records are flagged with a carrier status 'I' on the record when there are no billings for a carrier number on file and there are no active TPL Resource Records with a policy end date greater than 3 years old from the current date for that same carrier number.
4176	TPL 0910 Q incorrect header	TPL-0910-Q does not have matching titles between PWB and On Base. Header on Onbase says: Records changed to inactive status on TPL carrier text file. Verbage on PWB is: TPL Carrier Text Records Changed to Inactive Status

2.8.100 TPL-0920-M -- TPL Denied Claims

This report identifies all claims which were denied due to third-party resources. These claims appear on the report 120 days after being denied. TPL Denied Claims report provides claim information such as provider, ICN, member, billed and denied amounts, POS, procedures, dates of service, allowed and denied amounts, totaling all amounts.

2.8.100.1 Technical Name

TPL-0920-M

2.8.100.2 Sort Order

Detail Number

For readability, the report layout appears on the next page.

2.8.100.3 TPL Denied Claims Layout

Report : TPL-0920-M
 Process : TPLJMXXX
 Location: TPLXXXXX

COMMONWEALTH OF KENTUCKY
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 TPL DENIED CLAIMS REPORT
 FOR MONTH ENDING MMDDCCYY

Run Date: MM/DD/CCYY
 Run Time: 99:99:99
 Page: 9999

ICN	MEMBER ID	EOB	BILLED AMT	TOT DEN AMT	POS	PROC/NDC	F-DOS	T-DOS	ALLOWED AMT	DENIED AMT
PROV NO: XXXXXXXXXXXXXXXX										
XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	9999	9,999,999.99	9,999,999.99	XX	XXXXXXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY	9,999,999.99	9,999,999.99
					XX	XXXXXXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY	9,999,999.99	9,999,999.99
					XX	XXXXXXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY	9,999,999.99	9,999,999.99
					XX	XXXXXXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY	9,999,999.99	9,999,999.99
					XX	XXXXXXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY	9,999,999.99	9,999,999.99
PROV NO: XXXXXXXXXXXXXXXX										
XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	9999	9,999,999.99	9,999,999.99	XX	XXXXXXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY	9,999,999.99	9,999,999.99
XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	9999	9,999,999.99	9,999,999.99	XX	XXXXXXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY	9,999,999.99	9,999,999.99
					XX	XXXXXXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY	9,999,999.99	9,999,999.99
					XX	XXXXXXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY	9,999,999.99	9,999,999.99
					XX	XXXXXXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY	9,999,999.99	9,999,999.99
					XX	XXXXXXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY	9,999,999.99	9,999,999.99
PROV NO: XXXXXXXXXXXXXXXX										
XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	9999	9,999,999.99	9,999,999.99	XX	XXXXXXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY	9,999,999.99	9,999,999.99
					XX	XXXXXXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY	9,999,999.99	9,999,999.99
					XX	XXXXXXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY	9,999,999.99	9,999,999.99
					XX	XXXXXXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY	9,999,999.99	9,999,999.99
					XX	XXXXXXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY	9,999,999.99	9,999,999.99
SUBTOTAL:	999,999		999,999,999.99	999,999,999.99					999,999,999.99	999,999,999.99

*** END OF REPORT ***

*** NO DATA THIS RUN ***

2.8.100.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Allowed Amt	The allowed amount for a claim	9	Decimal	T_PD_PHYS_DTL	AMT_ALWD

Field	Description	Length	Data Type	DB Table	DB Attributes
Billed Amt	The total amount billed by the provider.	9	Decimal	T_PD_UB92_HDR	AMT_BILLED_UB92
Denied Amt	The denied amount for a claim	9	Decimal	T_DENY_PHYS_DTL	AMT_BILLED- AMT_PAID
EOB	The explanation of benefits code which indicates the reason for denial.	4	Number	T_ERROR_EXTRACT	CDE_EOB
F-DOS	The "From" date of service on the claim record.	8	Date (MM/DD/CCYY)	T_PD_PHYS_HDR	DTE_FIRST_SVC
ICN	Internal control number for each claim that was denied.	13	Char	T_HIST_DIRECTORY	NUM_ICN_FL
Member ID	Member's Medicaid ID	12	Char	T_RE_BASE	ID_MEDICAID
POS	The place of service code on the claim record.	3	Number	T_PD_PHYS_HDR	CDE_SERVICE_LOC
PROC/NDC	The procedure code on the claim record.	6	Char	T_PROC	CDE_PROC
Prov No	The provider number on the claim record.	9	Char	T_PR_PROV	ID_PROVIDER
Subtotal	The subtotal of all amounts.	11	Decimal	N/A	CALCULATED
T-DOS	The "To" date of service on the claim record.	8	Date (MM/DD/CCYY)	T_PD_PHYS_HDR	DTE_LAST_SVC
Tot Den Amt	The total amount denied for each claim.	11	Decimal	N/A	CALCULATED

2.8.100.5 Associated Programs

Program	Description
sed	Unix command stream editor

2.8.100.6 Associated Requirements

ID
30.090.004.002.8
30.090.004.003.1

2.8.100.7 Change Orders

ID	Name	Description
496	TPL Claims Denied	Create report to identify all claims which were denied due to third-party resources. These claims appear on the report 120 days after being denied.
8619	TPL-920 and 570-M	The TPL-920 and 570-M review retro denied claims therefore it should have included the legacy edit codes in its criteria.

2.8.101 TPL-0930-M -- Paternity Follow-up

This report lists all open paternity billing records which have had no activity for 30 days. Paternity Follow-up report provides carrier, member, ICN, bill date, billed and received amounts by member, by carrier.

2.8.101.1 Technical Name

TPL-0930-M

2.8.101.2 Sort Order

Case Number, Member Last Name, Member First Name, Member Middle Initial

2.8.101.3 Paternity Follow-up Layout

Report : TPL-0930-M
Process : TPLJM0930
Location: TPL0930M

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
PATERNITY FOLLOW-UP REPORT

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 9999

CARRIER ID: XXXXXXXX

NAME: XX

MEMBER ID	NAME	CASE NUMBER	DATE BILLED	AMOUNT BILLED	AMOUNT RECEIVED
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	MM/DD/CCYY	9,999,999.99	9,999,999.99
		XXXXXXXXXXXX	MM/DD/CCYY	9,999,999.99	9,999,999.99

MEMBER ID	NAME	CASE NUMBER	DATE BILLED	AMOUNT BILLED	AMOUNT RECEIVED
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	MM/DD/CCYY	9,999,999.99	9,999,999.99
		XXXXXXXXXXXX	MM/DD/CCYY	9,999,999.99	9,999,999.99

*** END OF REPORT ***

*** NO DATA THIS RUN ***

2.8.101.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Amount Billed	The amount billed to the carrier.	9	Decimal	T_PD_PHYS_HDR	AMT_BILLED

Field	Description	Length	Data Type	DB Table	DB Attributes
Amount Received	The amount received to date on the billing record.	9	Decimal	T_CASH_RECEIPT	AMT_PAID
Carrier ID	The code that identifies the carrier.	7	Char	T_TPL_CARRIER	CDE_CARRIER
Date Billed	The date of the original billing.	8	Date (MM/DD/CCYY)	T_PD_PHYS_HDR	DTE_BILLED
Member ID	The Member's Medicaid ID.	12	Char	T_RE_BASE	ID_MEDICAID
Name	The name of the Member.	29	Char	T_RE_BASE	NAM_LAST
Name	The carrier's name.	45	Char	T_TPL_CARRIER	NAM_BUS

2.8.101.5 Associated Programs

Program	Description
tpl0930m	Paternity Follow-up TPL-0930-M

2.8.101.6 Associated Requirements

ID
30.090.004.003.1

2.8.101.7 Change Orders

ID	Name	Description
618	Paternity Follow-up	Create a report that will list all open paternity billing records which have had no activity for 30 days.

2.8.102.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
CCN	Cash Control Number	11	Number	T_CASH_RECEIPT	CASH_CTL_NO
CLERK	user id of the clerk	32	Character	A_T_TPL_JRNL_DTL	NAM_USER
COUNTY	Code County	10	Char	T_COUNTY	CDE_COUNTY
ICN	ICN number	13	Number	T_HIST_DIRECTORY	NUM_ICN_FL
MEMBER ID	Medicaid ID	12	Char	T_RE_BASE	ID_MEDICAID
MEMBER NAME	Full Name of the member	38	Char	T_RE_BASE	NAM_LAST
POST AMOUNT	journal voucher amount	8	Number (Decimal)	T_TPL_JRNL_DTL	AMT_JRNL_VOUCH

2.8.102.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.102.6 Associated Requirements

ID
30.090.004.002.16

2.8.102.7 Change Orders

ID	Name	Description
2934	Journal Voucher Batch	There is a need to create a batch process that will read the information entered onto the Journal Voucher panel and update Child Support cases.

Field	Description	Length	Data Type	DB Table	DB Attributes
CCN	Cash Control Number	11	Number	T_CASH_RECEIPT	CASH_CTL_NO
CLERK	user id of the clerk	32	Character	A_T_TPL_JRNL_DTL	NAM_USER
COUNTY	Code County	10	Char	T_COUNTY	CDE_COUNTY
ERROR MESSAGE	Reason journal voucher erred off.	25	Char	CALCULATED	N/A
ICN	ICN number	13	Number	T_HIST_DIRECTORY	NUM_ICN_FL
MEMBER ID	Medicaid ID	12	Char	T_RE_BASE	ID_MEDICAID
MEMBER NAME	Full Name of the member	38	Char	T_RE_BASE	NAM_LAST
ORIG POST AMOUNT	journal voucher amount	8	Number (Decimal)	T_TPL_JRNL_DTL	AMT_JRNL_VOUCH

2.8.103.5 Associated Programs

Program	Description
No associated Programs found.	

2.8.103.6 Associated Requirements

ID
30.090.004.002.16

2.8.103.7 Change Orders

ID	Name	Description
2934	Journal Voucher Batch	There is a need to create a batch process that will read the information entered onto the Journal Voucher panel and update Child Support cases.

2.8.104 TPL-0970-M -- TPL PCG Contingency Fee

This report lists all recoveries that were posted during the month to PCG billing records. TPL PCG Contingency Fee provides detailed claim information, provider and carrier id's. Section D indicates totals of attorney's fees.

2.8.104.1 Technical Name

TPL-0970-M

2.8.104.2 Sort Order

CCN

2.8.104.3 TPL PCG Contingency Fee Layout

Report : TPL-0970-M
Process : TPLJM970
Location: TPL0970M

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
TPL PCG CONTINGENCY FEE
MONTH OF XXXXXXXX CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 9999

CCN	MEMBER ID	MEMBER NAME	ICN	FDOS	TDOS	PAID DATE	MEDICAID PAID AMT	AMOUNT RECEIVED	CONTINGENCY FEE
XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY	MM/DD/CCYY	9,999,999.99	9,999,999.99	9,999,999.99
PROVIDER NUMBER: XXXXXXXX CARRIER ID: XXXXXXXX CARRIER NAME: XX									
XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY	MM/DD/CCYY	9,999,999.99	9,999,999.99	9,999,999.99
PROVIDER NUMBER: XXXXXXXX CARRIER ID: XXXXXXXX CARRIER NAME: XX									
SECTION D - TOTAL							999,999,999.99	999,999,999.99	999,999,999.99
GRAND TOTAL							999,999,999.99	999,999,999.99	999,999,999.99

*** END OF REPORT ***

*** NO DATA THIS RUN ***

2.8.104.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Amount Received	The amount posted to the billing record.	9	Decimal	T_CASH_RECEIPT	AMT_PAID
CCN	The cash control number.	11	Char	T_CASH_RECEIPT	CASH_CTL_NO
Carrier ID	The Carrier number.	7	Char	T_TPL_CARRIER	CDE_CARRIER

Field	Description	Length	Data Type	DB Table	DB Attributes
Carrier Name	The name of the carrier.	45	Char	T_TPL_CARRIER	NAM_BUS
Contingency Fee	The amount due PCG.	9	Decimal	T_TPL_CONT_FEE	AMT_CONT_FEE
FDOS	The "From" date of service.	8	Date (MM/DD/CCYY)	T_HIST_DIRECTORY	DTE_FIRST_SVC
Grand Total	The grand total.	11	Decimal	N/A	CALCULATED
ICN	The internal control number.	13	Char	T_HIST_DIRECTORY	NUM_ICN_FL
Medicaid Paid Amt	The amount paid by Medicaid.	9	Decimal	T_CLM_PGM_XREF	AMT_PAID
Member ID	The Member's Medicaid ID	12	Char	T_RE_BASE	ID_MEDICAID
Member Name	The name of the Member.	29	Char	T_RE_BASE	NAM_LAST, NAM_FIRST, NAM_MID_INI
Paid Date	The Medicaid paid date.	8	Date (MM/DD/CCYY)	T_HIST_DIRECTORY	DATE_PAID
Provider Number	The Provider number.	9	Char	T_PR_PROV	ID_PROVIDER
TDOS	The "To" date of service.	8	Date (MM/DD/CCYY)	T_HIST_DIRECTORY	DTE_TO_DATE
Total	The total amount.	11	Decimal	N/A	CALCULATED

2.8.104.5 Associated Programs

Program	Description
tpl0970m	TPL PCG Contingency Fee TPL-0970-M, TPL-0971-M reports

2.8.104.6 Associated Requirements

ID
30.090.004.003.1

2.8.104.7 Change Orders

ID	Name	Description
4330	TPL 0970 M and TPL 0971 M	Line 4 of the Header in TPL-0970-M and TPL-0971-M in OnBase are missing "Month of xxxxxxxx CCYY", according to the PWB
677	TPL PCG Contingency Fee report	Create TPL PCG Contingency Fee report.
7146	CCN number listed on the report	Verify report TPL PCG2/HMS Contingency Fee The CCN number listed on the report should be 11 characters long and it is only 6 characters long on this report.

2.8.105 TPL-0971-M -- TPL PCG2 Contingency Fee

This report lists all recoveries which were posted during the month to PCG (contract #2) billing records. TPL PCG Contingency Fee 2 provides detailed claim information, provider and carrier id's. Section D indicates totals of attorney's fees.

2.8.105.1 Technical Name

TPL-0971-M

2.8.105.2 Sort Order

CCN

2.8.105.3 TPL PCG2 Contingency Fee Layout

```

Report : TPL-0971-M
Process : TPLJM970
Location: TPL0970M

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
TPL PCG2 CONTINGENCY FEE REPORT
MONTH OF XXXXXXXXXX CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 9999

CCN      MEMBER ID  MEMBER NAME      ICN      FDOS      TDOS      PAID      MEDICAID      AMOUNT      CONTINGENCY
      DATE      PAID AMT      RECEIVED      FEE
-----
XXXXXXXXXX XXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXX MM/DD/CCYY MM/DD/CCYY MM/DD/CCYY 9,999,999.99 9,999,999.99 9,999,999.99
PROVIDER NUMBER: XXXXXXXXX CARRIER ID: XXXXXXXX CARRIER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXX XXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXX MM/DD/CCYY MM/DD/CCYY MM/DD/CCYY 9,999,999.99 9,999,999.99 9,999,999.99
PROVIDER NUMBER: XXXXXXXXX CARRIER ID: XXXXXXXX CARRIER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

SECTION D - TOTAL
GRAND TOTAL

999,999,999.99 999,999,999.99 999,999,999.99
999,999,999.99 999,999,999.99 999,999,999.99

*** END OF REPORT ***

*** NO DATA THIS RUN ***

```

2.8.105.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Amount Received	The amount posted to the billing record.	9	Decimal	T_CASH_RECEIPT	AMT_PAID
CCN	The cash control number.	11	Char	T_CASH_RECEIPT	CASH_CTL_NO
Carrier ID	The Carrier number.	7	Char	T_TPL_CARRIER	CDE_CARRIER
Carrier Name	The name of the carrier.	45	Char	T_TPL_CARRIER	NAM_BUS

Field	Description	Length	Data Type	DB Table	DB Attributes
Contingency Fee	The amount due PCG.	9	Decimal	T_TPL_CONT_FEE	AMT_CONT_FEE
FDOS	The "From" date of service.	8	Date (MM/DD/CCYY)	T_HIST_DIRECTORY	DTE_FIRST_SVC
Grand Total	The grand total.	11	Decimal	N/A	CALCULATED
ICN	The internal control number.	13	Char	T_HIST_DIRECTORY	NUM_ICN_FL
Medicaid Paid Amt	The amount paid by Medicaid.	9	Decimal	T_CLM_PGM_XREF	AMT_PAID
Member ID	The Member's Medicaid ID	12	Char	T_RE_BASE	ID_MEDICAID
Member Name	The name of the Member.	29	Char	T_RE_BASE	NAM_LST, NAM_FIRST, NAM_MID_INI
Paid Date	The Medicaid paid date.	8	Date (MM/DD/CCYY)	T_HIST_DIRECTORY	DATE_PAID
Provider Number	The Provider number.	9	Char	T_PR_PROV	ID_PROVIDER
TDOS	The "To" date of service.	8	Date (MM/DD/CCYY)	T_HIST_DIRECTORY	DTE_TO_DATE
Total	The total amount.	11	Decimal	N/A	CALCULATED

2.8.105.5 Associated Programs

Program	Description
tpl0970m	TPL PCG Contingency Fee TPL-0970-M, TPL-0971-M reports

2.8.105.6 Associated Requirements

ID
30.090.004.003.1

2.8.105.7 Change Orders

ID	Name	Description
4330	TPL 0970 M and TPL 0971 M	Line 4 of the Header in TPL-0970-M and TPL-0971-M in OnBase are missing "Month of xxxxxxxx CCYY", according to the PWB
677	TPL PCG Contingency Fee report	Create TPL PCG Contingency Fee report.
7146	CCN number listed on the report	Verify report TPL PCG2/HMS Contingency Fee The CCN number listed on the report should be 11 characters long and it is only 6 characters long on this report.

Field	Description	Length	Data Type	DB Table	DB Attributes
Member Last Name/First Name	The name of the Member.	29	Char	T_RE_BASE	NAM_LAST, NAM_FIRST, NAM_MID_INI
Overage Amount Posted	The overage amount posted.	9	Decimal	T_CASH_RECEIPT	AMT_PAID
Post Date	The date the CCN was posted to the Billing Record.	8	Date (MM/DD/CCYY)	T_CASH_RECEIPT	DTE_RECEIPT

2.8.106.5 Associated Programs

Program	Description
tpl0981m	Billing Records With a Referral Date And an Overage Posting Detail TPL-0981-M and TPL-0982-M

2.8.106.6 Associated Requirements

ID
30.090.004.003.1

2.8.106.7 Change Orders

ID	Name	Description
678	Billing Records Reports	Create Billing Records with a Referral Date reports.

Field	Description	Length	Data Type	DB Table	DB Attributes
Overage Amount Posted	The Negative Amount Posted	9	Decimal	T_CASH_RECEIPT	AMT_PAID
Post Date	The date the CCN was posted to the Billing Record.	8	Date (MM/DD/CC YY)	T_CASH_RECEIPT	DTE_RECEIPT

2.8.107.5 Associated Programs

Program	Description
tpl0981m	Billing Records With a Referral Date And an Overage Posting Detail TPL-0981-M and TPL-0982-M

2.8.107.6 Associated Requirements

ID
30.090.004.003.1

2.8.107.7 Change Orders

ID	Name	Description
678	Billing Records Reports	Create Billing Records with a Referral Date reports.

2.8.108 TPL-0991-M -- TPL PCG2 Contingency Fee - Batch Range 71-75

This report lists all recoveries which were posted during the monthly date range to Non-PCG billing records with a CCN batch range of 71-75. TPL PCG Contingency Fee - Batch Range 71-75 report provides detailed claim information accumulating claim counts, subtotalling and totaling Medicaid paid, amount received, and contingency fee amounts by section A and C.

2.8.108.1 Technical Name

TPL-0991-M

2.8.108.2 Sort Order

CCN

For readability the layout displays on the next page.

2.8.108.3 TPL PCG2 Contingency Fee - Batch Range 71-75 Layout

Report : TPL-0991-M
 Process : TPLJM990
 Location: TPL0990M

COMMONWEALTH OF KENTUCKY
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 TPL PCG CONTINGENCY FEE REPORT
 MONTHLY DATE RANGE: MM/DD/CCYY-MM/DD/CCYY

Run Date: MM/DD/CCYY
 Run Time: 99:99:99
 Page: 9999

SECTION A - TRICARE - 6.49%

CCN	MEMBER ID	MEMBER NAME	ICN	FDOS	TDOS	PAID DATE	MEDICAID PAID AMT	AMOUNT RECEIVED	CONTINGENCY FEE
XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY	MM/DD/CCYY	9,999,999.99	9,999,999.99	9,999,999.99
XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY	MM/DD/CCYY	9,999,999.99	9,999,999.99	9,999,999.99
XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY	MM/DD/CCYY	9,999,999.99	9,999,999.99	9,999,999.99
XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY	MM/DD/CCYY	9,999,999.99	9,999,999.99	9,999,999.99

SECTION A - TOTALS COUNT: 9999

999,999,999.99 999,999,999.99 999,999,999.99

Report : TPL-0991-M
 Process : TPLJMXXX
 Location: TPLXXXXX

COMMONWEALTH OF KENTUCKY
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 TPL PCG CONTINGENCY FEE REPORT
 MONTHLY FROM MM/DD/CCYY TO MM/DD/CCYY

Run Date: MM/DD/CCYY
 Run Time: 99:99:99
 Page: 9999

SECTION C - HEALTH INSURANCE OVER 90 DAYS - 6.49%

CCN	MEMBER ID	MEMBER NAME	ICN	FDOS	TDOS	PAID DATE	MEDICAID PAID AMT	AMOUNT RECEIVED	CONTINGENCY FEE
XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY	MM/DD/CCYY	9,999,999.99	9,999,999.99	9,999,999.99
XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY	MM/DD/CCYY	9,999,999.99	9,999,999.99	9,999,999.99
XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY	MM/DD/CCYY	9,999,999.99	9,999,999.99	9,999,999.99
XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY	MM/DD/CCYY	9,999,999.99	9,999,999.99	9,999,999.99

SECTION C - TOTALS COUNT: 9999

999,999,999.99 999,999,999.99 999,999,999.99

GRAND TOTAL COUNT: 9999

999,999,999.99 999,999,999.99 999,999,999.99

*** END OF REPORT ***

*** NO DATA THIS RUN ***

2.8.108.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Amount Received	The amount posted to the billing record.	9	Decimal	T_CASH_RECEIPT	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
CCN	The cash control number.	11	Char	T_CASH_RECEIPT	CASH_CTL_NO
Contingency Fee	The amount due PCG.	9	Decimal	T_TPL_CONT_FEE	AMT_CONT_FEE
Counts	The number of the amounts.	4	Number	N/A	CALCULATED FIELD
FDOS	The "From" date of service.	8	Date (MM/DD/CC YY)	T_HIST_DIRECTOR Y	DTE_FIRST_SVC
Grand Total	The Grand total.	11	Decimal	N/A	CALCULATED FIELD
ICN	The internal control number.	13	Char	T_HIST_DIRECTOR Y	NUM_ICN_FL
Medicaid Paid Amt	The amount paid by Medicaid.	9	Decimal	T_CLM_PGM_XREF	AMT_PAID
Member ID	The Member's Medicaid ID	12	Char	T_RE_BASE	ID_MEDICAID
Member Name	The name of the Member.	29	Char	T_RE_BASE	NAM_LAST
Paid Date	The Medicaid paid date.	8	Date (MM/DD/CC YY)	T_HIST_DIRECTOR Y	DATE_PAID
TDOS	The "To" date of service.	8	Date (MM/DD/CC YY)	T_HIST_DIRECTOR Y	DTE_TO_DATE
Totals	The Total Amount.	11	Decimal	N/A	CALCULATED FIELD

2.8.108.5 Associated Programs

Program	Description
tpl0990m	TPL PCG Contingency Fee - Batch Range 61-65 TPL-0990-M and TPL-0991-M.

2.8.108.6 Associated Requirements

ID
30.090.004.003.1

2.8.108.7 Change Orders

ID	Name	Description
695	TPL PCG Contingency reports	Create TPL PCG Contingency Fee report.
8963	TPL-0991-M	The TPL-0991-M did not report all the CCNs that were posted with the batch range of 71 for the month of July. CCN 07183071013 was dispositioned in July and it did not report.

2.8.109 TPL-1030-M -- TPL Estate Recovery Cases Closed

This report provides information of all Estate Recovery Cases closed for the reporting month.

2.8.109.1 Technical Name

TPL-1030-M

2.8.109.2 Sort Order

Social Security Number

2.8.109.3 TPL Estate Recovery Cases Closed Layout

Report : TPL-1030-M
Process : TPLJMXXX
Location: TPLXXXXX

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
TPL ESTATE RECOVERY CASES CLOSED
MONTHLY DATE RANGE: MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 9999

SSN	LAST NAME	FIRST NAME	MI	AMOUNT RECEIVED	LETTER AMOUNT
XXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	X	999,999,999.99	9,999,999.99
XXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	X	999,999,999.99	9,999,999.99
XXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	X	999,999,999.99	9,999,999.99
XXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	X	999,999,999.99	9,999,999.99
GRAND TOTALS				999,999,999.99	999,999,999.99

*** END OF REPORT ***

*** NO DATA THIS RUN ***

2.8.109.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Amount Received	The total amount recovered on all Trust Recovery billings for the case.	11	Decimal	T_CASULATY_REC	CALCULATED FIELD
First Name	The first name of the Member.	13	Char	T_RE_BASE	NAM_FIRST
Grand Total	The total Grand.	11	Decimal	N/A	CALCULATED FIELD

Field	Description	Length	Data Type	DB Table	DB Attributes
Last Name	The last name of the Member.	15	Char	T_RE_BASE	NAM_LAST
Letter Amount	The amount the recovery letter was written for.	9	Decimal	N/A	CALCULATED FIELD
MI	The middle initial of the Member.	1	Char	T_RE_BASE	NAM_MID_INIT
SSN	The SSN of the closed case	9	Char	T_RE_BASE	NUM_SSN

2.8.109.5 Associated Programs

Program	Description
tpl1030m	TPL Estate Recovery Cases Closed TPL-1030-M, TPL-1031-M and TPL-1032-M

2.8.109.6 Associated Requirements

ID
30.090.004.003.1

2.8.109.7 Change Orders

ID	Name	Description
696	Cases Closed & Cases Not Found	Create the following 3 reports: TPL Estate Recovery Cases Closed TPL Trust Recovery Cases Closed TPL Estate Trust Recovery Case Not Found.

2.8.110 TPL-1031-M -- TPL Trust Recovery Cases Closed

This report provides information of all Trust Recovery Cases closed for the reporting month.

2.8.110.1 Technical Name

TPL-1031-M

2.8.110.2 Sort Order

Social Security Number

2.8.110.3 TPL Trust Recovery Cases Closed Layout

Report : TPL-1031-M
Process : TPLJM130
Location: TPL1030M

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
TPL TRUST RECOVERY CASES CLOSED
MONTHLY DATE RANGE: MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 9999

SSN	LAST NAME	FIRST NAME	MI	AMOUNT RECEIVED	LETTER AMOUNT
XXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	X	999,999,999.99	9,999,999.99
XXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	X	999,999,999.99	9,999,999.99
XXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	X	999,999,999.99	9,999,999.99
XXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	X	999,999,999.99	9,999,999.99
TOTALS COUNT: 9999				999,999,999.99	999,999,999.99

*** END OF REPORT ***

*** NO DATA THIS RUN ***

2.8.110.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Amount Received	The total amount recovered on all Estate Recovery billings for the case.	11	Decimal	T_CASUALTY_REC	CALCULATED FIELD
First Name	The first name of the Member.	13	Char	T_RE_BASE	NAM_FIRST

Field	Description	Length	Data Type	DB Table	DB Attributes
Last Name	The last name of the Member.	15	Char	T_RE_BASE	NAM_LAST
Letter Amount	The amount the recovery letter was written for.	9	Decimal	N/A	CALCULATED FIELD
MI	The middle initial of the Member.	1	Char	T_RE_BASE	NAM_MID_INIT
SSN	The SSN of the closed case .	9	Char	T_RE_BASE	NUM_SSN
Total Amount Received	The total Amounts Received for all Closed Cases	11	Decimal	N/A	CALCULATED FIELD
Total Letter Amount	The total of Letter Amounts listed for Closed Trust Recovery Cases	11	Decimal	N/A	CALCULATED FIELD
Totals Count	The count of the number of the Amounts.	4	Number	N/A	CALCULATED FIELD

2.8.110.5 Associated Programs

Program	Description
tpl1030m	TPL Estate Recovery Cases Closed TPL-1030-M, TPL-1031-M and TPL-1032-M

2.8.110.6 Associated Requirements

ID
30.090.004.003.1

2.8.110.7 Change Orders

ID	Name	Description
696	Cases Closed & Cases Not Found	Create the following 3 reports: TPL Estate Recovery Cases Closed TPL Trust Recovery Cases Closed TPL Estate Trust Recovery Case Not Found.

2.8.111 TPL-1032-M -- TPL EstateTrust Recovery Record Not Found

This report provides the SSN and recovery type if not found on the Estate or Trust Recovery Letter files of cases that were closed.

2.8.111.1 Technical Name

TPL-1032-M

2.8.111.2 Sort Order

Social Security Number

2.8.111.3 TPL EstateTrust Recovery Record Not Found Layout

Report : TPL-1032-M
Process : TPLJM130
Location: TPL1030M

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
TPL ESTATE/TRUST RECOVERY RECORD NOT FOUND
MONTHLY DATE RANGE: MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 9999

```

      SSN          RECOVERY TYPE
-----
XXXXXXXXXX      XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXX      XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXX      XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXX      XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXX      XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXX      XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXX      XXXXXXXXXXXXXXXXXXXX

```

COUNT: 9999

*** END OF REPORT ***

*** NO DATA THIS RUN ***

2.8.111.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Count	The number of the records.	4	Number	N/A	CALCULATED FIELD
Recovery Type	The Type of the recovery.	18	Char	T_TPL_AR_CAS_DISPS	CDE_REASON_TWO

Field	Description	Length	Data Type	DB Table	DB Attributes
SSN	The SSN of the closed case .	9	Char	T_RE_BASE	NUM_SSN

2.8.111.5 Associated Programs

Program	Description
tpl1030m	TPL Estate Recovery Cases Closed TPL-1030-M, TPL-1031-M and TPL-1032-M

2.8.111.6 Associated Requirements

ID
30.090.004.003.1

2.8.111.7 Change Orders

ID	Name	Description
696	Cases Closed & Cases Not Found	Create the following 3 reports: TPL Estate Recovery Cases Closed TPL Trust Recovery Cases Closed TPL Estate Trust Recovery Case Not Found.

2.8.112 TPL-1040-M -- Child Support Recovery Monthly

This process reads the TPL Cases table and reports a detail account of all Child Support Cases on the TPL Cases table that are in an open status for the reporting month sorted by Carrier ID (county) and reports any recoveries by member within the month and the outstanding balance on each case.

2.8.112.1 Technical Name

TPL-1040-M

2.8.112.2 Sort Order

Carrier, Member ID

2.8.112.3 Child Support Recovery Monthly Layout

Report : TPL-1040-M
Process : TPLJM1040
Location: TPL1040M

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
CHILD SUPPORT RECOVERY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 9999

MONTHLY REPORTING

CARRIER: XXXXXXXX XX

MEMBER ID	NAME	CASE#	DATE POSTED	AMOUNT RECOVERED	OUTSTANDING BALANCE
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	MM/DD/CCYY	9,999,999.99	9,999,999.99
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	MM/DD/CCYY	9,999,999.99	9,999,999.99
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	MM/DD/CCYY	9,999,999.99	9,999,999.99
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	MM/DD/CCYY	9,999,999.99	9,999,999.99
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	MM/DD/CCYY	9,999,999.99	9,999,999.99

** TOTALS ** CASES CLOSED: 9999 CASES OPENED: 9999 999,999,999.99 999,999,999.99

** GRAND TOTALS ** CASES CLOSED: 9999 CASES OPENED: 9999 999,999,999.99 999,999,999.99

*** END OF REPORT ***

*** NO DATA THIS RUN ***

2.8.112.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Amount Recovered	The amount recovered.	9	Decimal	N/A	CALCULATED
Carrier	The Carrier Identification and Name	52	Char	T_TPL_CARRIER	CDE_CARRIER + NAM_BUS
Case#	The number assigned to the casualty case.	8	Char	T_CASUALTY_CASE	NUM_CAS_CASE
Cases Closed	The closed cases.	4	Number	N/A	CALCULATED
Cases Opened	The opened cases.	4	Number	N/A	CALCULATED
Date Posted	The date of the posted amount.	8	Date (MM/DD/CCYY)	T_CASH_RECEIPT	DTE_RECEIPT
Grand Total Amount Recovered	The grand total child support amount recovered for all carriers.	11	Decimal	N/A	CALCULATED
Grand Total Cases Closed	The grand total closed cases for all carriers.	4	Number	N/A	CALCULATED
Grand Total Cases Opened	The grand opened cases for all carriers.	4	Number	N/A	CALCULATED
Grand Total Outstanding Balance	The grand total outstanding balance amount for all carriers.	9	Decimal	N/A	CALCULATED
Member ID	The Member's Medicaid ID	12	Char	T_RE_BASE	ID_MEDICAID
Name	The name of the Member.	29	Char	T_RE_BASE	NAM_LAST
Outstanding Balance	The amount of the outstanding balance.	9	Decimal	N/A	CALCULATED

Field	Description	Length	Data Type	DB Table	DB Attributes
Total Amount Recovered	The total child support amount recovered by carrier.	11	Decimal	N/A	CALCULATED
Total Outstanding Balance	The total outstanding balance amount by carrier.	9	Decimal	N/A	CALCULATED

2.8.112.5 Associated Programs

Program	Description
tpl1040m	Child Support Recovery reports
tpl1040m	Child Support Recovery reports

2.8.112.6 Associated Requirements

ID
30.090.004.003.1

2.8.112.7 Change Orders

ID	Name	Description
619	Child Support Recovery	Create the Child Support Recovery reports. Since iC cases recover by case and not claim, the layout of the iC report will not be the same as the KY report. The iC report will list case number, not the ICN.

2.8.113 TPL-1041-Q -- Child Support Recovery Quarterly

This report gives summary totals for the quarter of all Child Support cases on the TPL Cases table. Child Support Recovery Quarterly report lists carrier and cases opened and closed, a summary of recovered amounts and balances. Grand totals are provided for case counts and amounts.

2.8.113.1 Technical Name

TPL-1041-Q

2.8.113.2 Sort Order

Carrier

2.8.113.3 Child Support Recovery Quarterly Layout

Report : TPL-1041-Q
Process : TPLJM1041
Location: TPL1040M

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
CHILD SUPPORT RECOVERY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 9999

QUARTERLY REPORTING

CARRIER	CARRIER NAME	CASES CLOSED	CASES OPEN	RECOVERED AMOUNT	BALANCE
XXXXXXX	XX	9999	9999	9,999,999.99	9,999,999.99
XXXXXXX	XX	9999	9999	9,999,999.99	9,999,999.99
XXXXXXX	XX	9999	9999	9,999,999.99	9,999,999.99
XXXXXXX	XX	9999	9999	9,999,999.99	9,999,999.99
XXXXXXX	XX	9999	9999	9,999,999.99	9,999,999.99
** GRAND TOTAL **		99999	99999	999,999,999.99	999,999,999.99

*** END OF REPORT ***

*** NO DATA THIS RUN ***

2.8.113.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Balance	The balance of the account.	9	Decimal	N/A	CALCULATED
Carrier	The code to identify the carrier	7	Char	T_TPL_CARRIER	CDE_CARRIER

Field	Description	Length	Data Type	DB Table	DB Attributes
Carrier Name	The name of the carrier.	29	Char	T_ATTORNEY	NAM_FIRST + NAM_LAST
Cases Closed	The closed cases.	4	Number	N/A	CALCULATED
Cases Opened	The opened cases.	4	Number	N/A	CALCULATED
Grand Total Amount Recovered	The grand total child support amounts recovered for the quarter.	11	Decimal	N/A	CALCULATED
Grand Total Balance	The grand total balance amount left on child support cases for the quarter.	11	Decimal	N/A	CALCULATED
Grand Total Cases Closed	The grand total closed cases for the quarter.	4	Number	N/A	CALCULATED
Grand Total Cases Opened	The grand total opened cases for the quarter.	4	Number	N/A	CALCULATED
Recovered Amount	The amount recovered.	9	Decimal	N/A	CALCULATED

2.8.113.5 Associated Programs

Program	Description
tpl1040m	Child Support Recovery reports
tpl1040m	Child Support Recovery reports

2.8.113.6 Associated Requirements

ID
30.090.004.003.1

2.8.113.7 Change Orders

ID	Name	Description
619	Child Support Recovery	Create the Child Support Recovery reports. Since iC cases recover by case and not claim, the layout of the iC report will not be the same as the KY report. The iC report will list case number, not the ICN.
7147	TPL-1041-Q and TPL-1042-A	The name field on the report is only displaying part of the County Attorney's name.

2.8.114 TPL-1042-A -- Child Support Recovery Yearly

This report gives summary totals for the fiscal year of all Child Support cases on the TPL Cases table. Child Support Recovery Yearly report lists carrier and cases opened and closed, a summary of recovered amounts and balances. Grand totals are provided for case counts and amounts.

2.8.114.1 Technical Name

TPL-1042-A

2.8.114.2 Sort Order

Carrier

2.8.114.3 Child Support Recovery Yearly Layout

Report : TPL-1042-A
Process : TPLJM1042
Location: TPL1040M

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
CHILD SUPPORT RECOVERY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 9999

CARRIER	CARRIER NAME	CASES CLOSED	CASES OPEN	RECOVERED AMOUNT	BALANCE
XXXXXX	XX	9999	9999	9,999,999.99	9,999,999.99
XXXXXX	XX	9999	9999	9,999,999.99	9,999,999.99
XXXXXX	XX	9999	9999	9,999,999.99	9,999,999.99
XXXXXX	XX	9999	9999	9,999,999.99	9,999,999.99
XXXXXX	XX	9999	9999	9,999,999.99	9,999,999.99
** GRAND TOTAL **		99999	99999	999,999,999.99	999,999,999.99

*** END OF REPORT ***

*** NO DATA THIS RUN ***

2.8.114.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Balance	The balance of the account.	9	Decimal	N/A	CALCULATED FIELD
Carrier	The code to identify the carrier	7	Char	T_TPL_CARRIER	CDE_CARRIER

Field	Description	Length	Data Type	DB Table	DB Attributes
Carrier Name	The name of the carrier.	29	Char	T_ATTORNEY	NAM_FIRST + NAM_LAST
Cases Closed	The closed cases.	4	Number	N/A	CALCULATED FIELD
Cases Open	The opened cases.	4	Number	N/A	CALCULATED FIELD
Grand Total	The grand total.	11	Decimal	N/A	CALCULATED FIELD
Recovered Amount	The amount recovered.	9	Decimal	T_CASH_RECEIPT	AMT_PAID

2.8.114.5 Associated Programs

Program	Description
tpl1040m	Child Support Recovery reports
copy2routedir	Copy Reports to Router
tpl1040m	Child Support Recovery reports

2.8.114.6 Associated Requirements

ID
30.090.004.003.1

2.8.114.7 Change Orders

ID	Name	Description
619	Child Support Recovery	Create the Child Support Recovery reports. Since iC cases recover by case and not claim, the layout of the iC report will not be the same as the KY report. The iC report will list case number, not the ICN.

ID	Name	Description
7147	TPL-1041-Q and TPL-1042-A	The name field on the report is only displaying part of the County Attorney's name.

2.8.115 TPL-1050-M -- Casualty Recovery Monthly

This process reads the TPL cases file and reports a detail account of all Attorney Casualty Cases on the TPL Cases table that are in an open status for the reporting month and reports any recoveries by member within the month and the outstanding balance on each case. Casualty Recovery Monthly report provides member information, posting dates, recovery, attorney and balance amounts. Grand totals listed for case counts and amounts.

2.8.115.1 Technical Name

TPL-1050-M

2.8.115.2 Sort Order

Member Name

2.8.115.3 Casualty Recovery Monthly Layout

Report : TPL-1050-M
Process : TPLJM134
Location: TPL1050M

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
CASUALTY RECOVERY
MONTHLY REPORTING

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 9999

MEMBER ID	MEMBER NAME	CASE	ICN	DATE POSTED/ ATTY COSTS	AMOUNT RECOV	ATTY FEE PAID	ATTY WITHHELD	BALANCE
XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	9999999	XXXXXXXXXXXX	MM/DD/CCYY	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99
XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	9999999	XXXXXXXXXXXX	MM/DD/CCYY	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99
XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	9999999	XXXXXXXXXXXX	MM/DD/CCYY	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99
XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	9999999	XXXXXXXXXXXX	MM/DD/CCYY	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99
XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	9999999	XXXXXXXXXXXX	MM/DD/CCYY	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99
XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	9999999	XXXXXXXXXXXX	MM/DD/CCYY	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99
GRAND TOTAL CASES CLOSED: 9999 OPENED: 9999 99,999,999.99 99,999,999.99 99,999,999.99 99,999,999.99 99,999,999.99								
(R)	999,999.99	(Z)	999,999.99	(P)	9,999,999.99	9,999,999.99		

*** END OF REPORT ***
*** NO DATA THIS RUN ***

2.8.115.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
ATTY Fee Paid	The ATTY Fee Paid.	9	Decimal	N/A	CALCULATED
ATTY Withheld	The ATTY Withheld.	9	Decimal	N/A	CALCULATED

Field	Description	Length	Data Type	DB Table	DB Attributes
Amount Recov	The amount recovered.	9	Decimal	T_CASUALTY_REC	CALCULATED
Balance	The balance of the account.	9	Decimal	N/A	CALCULATED
Cases Closed	The closed cases.	4	Number	N/A	CALCULATED
Cases Opened	The opened cases.	4	Number	N/A	CALCULATED
Date Posted/ Atty Costs	The date the billing record was posted.	8	Date (MM/DD/CCYY)	T_CASH_RECEIPT	DTE_RECEIPT
Grand Total	The grand total.	11	Decimal	N/A	CALCULATED
ICN	The internal control number.	13	Char	T_HIST_DIRECTORY	NUM_ICN_FL
Member ID	The code to identify the Member's Medicaid ID	12	Char	T_RE_BASE	ID_MEDICAID
Member Name	The Name of the Member.	29	Char	T_RE_BASE	NAM_LAST

2.8.115.5 Associated Programs

Program	Description
tpl1050m	Casualty Recovery Reports TPL-1050-M,TPL-1051-Q, TPL-1052-A.
tpl1050m	Casualty Recovery Reports TPL-1050-M,TPL-1051-Q, TPL-1052-A.

2.8.115.6 Associated Requirements

ID
30.090.004.003.1

2.8.115.7 Change Orders

ID	Name	Description
697	Casualty Recovery reports	Create reports for Casualty Recovery.

2.8.116 TPL-1051-Q -- Casualty Recovery Quarterly

This process reads the TPL cases file and reports a quarterly summary account of all Attorney Casualty Cases on the TPL Cases table that are in an open status for the reporting quarter and reports any recoveries by member within the month and the outstanding balance on each case. Casualty Recovery Quarterly report provides grand total attorney costs, fees withheld and balance amounts and case counts.

2.8.116.1 Technical Name

TPL-1051-Q

2.8.116.2 Sort Order

N/A – Totals Only

2.8.116.3 Casualty Recovery Quarterly Layout

```

Report : TPL-1051-Q
Process : TPLJQ135
Location: TPL1050M

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
CASUALTY RECOVERY
QUARTERLY REPORT DATE RANGE: MM/DD/CCYY - MM/DD/CCYY

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Run Time: 99:99:99
Page: 9999

ATTY COSTS      AMOUNT RECOV      ATTY FEE PAID      ATTY WITHHELD      BALANCE
-----
TOTAL: CASES CLOSED: 9999 CASES OPENED: 9999  9,999,999.99  9,999,999.99  9,999,999.99  9,999,999.99
(R)          999,999,999.99 (Z)          999,999,999.99 (P) 999,999,999.99          999,999,999.99

*** END OF REPORT ***

*** NO DATA THIS RUN ***

```

2.8.116.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
ATTY Fee Paid	The ATTY Fee Paid.	9	Decimal	N/A	CALCULATED
ATTY Withheld	The ATTY Withheld.	9	Decimal	N/A	CALCULATED
Amount Recov	The amount recovered.	9	Decimal	T_CASUALTY_REC	CALCULATED

Field	Description	Length	Data Type	DB Table	DB Attributes
Atty Costs	The ATTY costs.	9	Decimal	N/A	CALCULATED
Balance	The balance of the account.	9	Decimal	N/A	CALCULATED
Cases Closed	The closed cases.	4	Number	N/A	CALCULATED
Cases Opened	The opened cases.	4	Number	N/A	CALCULATED
Grand Total	The grand total.	11	Decimal	N/A	CALCULATED

2.8.116.5 Associated Programs

Program	Description
tpl1050m	Casualty Recovery Reports TPL-1050-M,TPL-1051-Q, TPL-1052-A.

2.8.116.6 Associated Requirements

ID
30.090.004.003.1

2.8.116.7 Change Orders

ID	Name	Description
697	Casualty Recovery reports	Create reports for Casualty Recovery.
7235	Data not on TPL-1051_Q Report	TPL Casualty Recovery Quarterly Report All data is not showing.

2.8.117 TPL-1052-A -- Casualty Recovery Yearly

This process reads the TPL cases file and reports an annual summary account of all Attorney Casualty Cases on the TPL Cases table that are in an open status for the reporting year and reports any recoveries by member within the year and the outstanding balance on each case. Casualty Recovery Yearly report provides grand total attorney costs, fees withheld and balance amounts and case counts.

2.8.117.1 Technical Name

TPL-1052-A

2.8.117.2 Sort Order

Last Name, First Name, Member ID, Casualty Case Number

2.8.117.3 Casualty Recovery Yearly Layout

Report : TPL-1052-A
Process : TPLJA136
Location: TPL1050M

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
CASUALTY RECOVERY
YEARLY REPORTING DATE RANGE: MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 9999

	ATTY COSTS	AMOUNT RECOV	ATTY FEE PAID	ATTY WITHHELD	BALANCE
TOTAL: CASES CLOSED: 9999 CASES OPENED: 9999	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99
(R)	999,999,999.99	(Z)	999,999,999.99	(P)	999,999,999.99

*** END OF REPORT ***

*** NO DATA THIS RUN ***

2.8.117.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
ATTY Fee Paid	The ATTY Fee Paid.	9	Decimal	N/A	CALCULATED
ATTY Withheld	The ATTY Withheld.	9	Decimal	N/A	CALCULATED
Amount Recov	The amount recovered.	9	Decimal	N/A	CALCULATED

Field	Description	Length	Data Type	DB Table	DB Attributes
Atty Costs	The ATTY costs.	9	Decimal	N/A	CALCULATED
Balance	The balance of the account.	9	Decimal	N/A	CALCULATED
Cases Closed	The closed cases.	4	Number	N/A	CALCULATED
Cases Opened	The opened cases.	4	Number	N/A	CALCULATED
Grand Total	The grand total.	11	Decimal	N/A	CALCULATED

2.8.117.5 Associated Programs

Program	Description
tpl1050m	Casualty Recovery Reports TPL-1050-M,TPL-1051-Q, TPL-1052-A.

2.8.117.6 Associated Requirements

ID
30.090.004.003.1

2.8.117.7 Change Orders

ID	Name	Description
697	Casualty Recovery reports	Create reports for Casualty Recovery.
7236	Data not on TPL-1052-A Report	TPL Casualty Recovery Yearly Report All data is not showing.

2.8.118 TPL-1060-M -- Non-Attorney Casualty Recovery Monthly

This process reads the TPL cases file and reports a detail account of all Non-Attorney Casualty Cases on the TPL Cases table that are in an open status for the reporting month and reports any recoveries by member within the month and the outstanding balance on each case. Non-Attorney Casualty Recovery Monthly report provides grand total attorney costs, fees withheld, balance amounts and case counts.

2.8.118.1 Technical Name

TPL-1060-M

2.8.118.2 Sort Order

Last Name, First Name, Member ID, Casualty Case Number

2.8.118.3 Non-Attorney Casualty Recovery Monthly Layout

Report : TPL-1060-M
Process : TPLJMXXX
Location: TPLXXXXX

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
NON ATTORNEY CASUALTY RECOVERY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 9999

MONTHLY REPORTING

MEMBER ID	MEMBER NAME	CASE	ICN	DATE POSTED	AMOUNT RECOV	PROVID RECOVERED	BALANCE
999999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	9999999	99999999999999	MM/DD/YYYY	9,999,999.99	9,999,999.99	9,999,999.99
999999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	9999999	99999999999999	MM/DD/YYYY	9,999,999.99	9,999,999.99	9,999,999.99
999999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	9999999	99999999999999	MM/DD/YYYY	9,999,999.99	9,999,999.99	9,999,999.99
999999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	9999999	99999999999999	MM/DD/YYYY	9,999,999.99	9,999,999.99	9,999,999.99
999999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	9999999	99999999999999	MM/DD/YYYY	9,999,999.99	9,999,999.99	9,999,999.99
999999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	9999999	99999999999999	MM/DD/YYYY	9,999,999.99	9,999,999.99	9,999,999.99
999999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	9999999	99999999999999	MM/DD/YYYY	9,999,999.99	9,999,999.99	9,999,999.99
999999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	9999999	99999999999999	MM/DD/YYYY	9,999,999.99	9,999,999.99	9,999,999.99

GRAND TOTAL	CASES CLOSED:	9999	OPENED:	9999	9,999,999.99	9,999,999.99	9,999,999.99
---------------	---------------	------	---------	------	--------------	--------------	--------------

(R) 9,999,999.99 (Z) 9,999,999.99

*** END OF REPORT ***
*** NO DATA THIS RUN ***

2.8.118.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
(R) Provider Billings Reimbursed	The total amount of billings to be recouped due to no response from initial provider billing letter sent for the reporting month.	9	Decimal	N/A	CALCULATED
(Z) Provider Billings	The total amount of billings that have been billed to the provider to the reporting month.	9	Decimal	N/A	CALCULATED
Balance	The outstanding balance of the account.	9	Decimal	N/A	CALCULATED
Case	Case Number	9	Number	T_RE_CASE	NUM_CASE
Cases Closed	The total number of non-attorney cases closed for the reporting month	4	Number	N/A	CALCULATED
Cases Open	The total non attorney cases opened for the reporting month.	4	Number	N/A	CALCULATED
Date Posted	Date Posted	8	Date (MM/DD/CCYY)	N/A	Derived
ICN	ICN	14	Number	T_TPL_CASE_INFO	ICN
Member ID	Member ID	12	Char	T_RE_BASE	ID_MEDICAID
Member Name	Member Name	40	Char	T_RE_BASE	NAM_FIRST NAM_MID_INIT NAM_LAST
Prov Recovered	The provider amount recovered on the billing record for the reporting month.	9	Decimal	N/A	CALCULATED
Provider Billings Recovered	Total amount of provider billings recovered for the reporting fiscal month.	9	Decimal	N/A	CALCULATED

Field	Description	Length	Data Type	DB Table	DB Attributes
Recovered Amount	The total amount recovered for all non attorney casualty cases for the reporting month.	9	Decimal	T_CASH_RECEIPT	AMT_PAID
Total Balance	Calculated field of the total reimbursement amount minus the total recovered amount.	9	Decimal	N/A	CALCULATED

2.8.118.5 Associated Programs

Program	Description
tpl1060m	Non-Attorney Casualty Recovery Reports TPL-1060-M, TPL-1061-Q and TPL-1062-A.

2.8.118.6 Associated Requirements

ID
30.090.004.003.1

2.8.118.7 Change Orders

ID	Name	Description
698	Non -Attorney Casualty reports	Create reports for: Non-Attorney Casualty Recovery Monthly Non-Attorney Casualty Recovery Quarterly Non-Attorney Casualty Recovery Yearly

2.8.119 TPL-1061-Q -- Non-Attorney Casualty Recovery Quarterly Activity Summary

This report gives summary totals for the quarter for all Non-Attorney Casualty Cases on the TPL Cases table. Non-Attorney Casualty Recovery Quarterly report provides grand total attorney costs, fees withheld ,balance amounts and case counts.

2.8.119.1 Technical Name

TPL-1061-Q

2.8.119.2 Sort Order

Last Name, First Name, Member ID, Casualty Case Number

2.8.119.3 Non-Attorney Casualty Recovery Quarterly Activity Summary Layout

```

Report   : TPL-1061-Q
Process  : TPLJQ138
Location : TPL1060M

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
NON-ATTORNEY CASUALTY RECOVERY
QUARTERLY ACTIVITY SUMMARY REPORT
MM/DD/CCYY THROUGH MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page:    9999

QUARTERLY REPORTING

CASES CLOSED   CASES OPEN   RECOVERED AMOUNT   PROV RECOVERED   BALANCE
-----
          9999          9999          9,999,999.99          9,999,999.99          9,999,999.99

(R) 9,999,999.99      (Z) 9,999,999.99

*** END OF REPORT ***
*** NO DATA THIS RUN ***

```

2.8.119.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
(R) Provider Billings Reimbursed	The total amount of billings to be recouped due to no response from initial provider billing letter sent for the reporting month.	11	Decimal	N/A	CALCULATED
(Z) Provider Billings	The total amount of billings that have been billed to the provider to the reporting month.	11	Decimal	N/A	CALCULATED

Field	Description	Length	Data Type	DB Table	DB Attributes
Balance	The outstanding balance of the account.	9	Decimal	N/A	CALCULATED
Cases Closed	The closed cases.	4	Number	N/A	CALCULATED
Cases Open	The opened cases.	4	Number	N/A	CALCULATED
Prov Recovered	The provider amount recovered.	9	Decimal	N/A	CALCULATED
Recovered Amount	The amount recovered.	9	Decimal	N/A	CALCULATED

2.8.119.5 Associated Programs

Program	Description
tpl1060m	Non-Attorney Casualty Recovery Reports TPL-1060-M, TPL-1061-Q and TPL-1062-A.

2.8.119.6 Associated Requirements

ID
30.090.004.003.1

2.8.119.7 Change Orders

ID	Name	Description
4177	TPL-1061-Q AND TPL-1062-A	TPL-1061-Q And TPL-1062-A are missing the header date range in OnBase.
698	Non -Attorney Casualty reports	Create reports for: Non-Attorney Casualty Recovery Monthly Non-Attorney Casualty Recovery Quarterly Non-Attorney Casualty Recovery Yearly

2.8.120 TPL-1062-A -- Non Attorney Casualty Recovery Yearly

This report gives summary totals for the fiscal year for all Non-Attorney Casualty Cases on the TPL Cases table. Non Attorney Casualty Recovery Yearly report provides grand total attorney costs, fees withheld ,balance amounts and case counts.

2.8.120.1 Technical Name

TPL-1062-A

2.8.120.2 Sort Order

Last Name, First Name, Member ID, Casualty Case Number

2.8.120.3 Non Attorney Casualty Recovery Yearly Layout

```

Report   : TPL-1062-A
Process  : TPLJA139
Location : TPL1060M

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
NON-ATTORNEY CASUALTY RECOVERY
YEARLY REPORTING
DATE RANGE: MM/DD/CCYY THROUGH MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 9999

CASES CLOSED   CASES OPEN   RECOVERED AMOUNT   PROV RECOVERED   BALANCE
-----
          9999          9999          9,999,999.99          9,999,999.99          9,999,999.99

(R) 9,999,999.99      (Z) 9,999,999.99

***  END OF REPORT  ***
***  NO DATA THIS RUN  ***

```

2.8.120.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
(R) Provider Billings Reimbursed	The total amount of billings to be recouped due to no response from initial provider billing letter sent for the reporting month.	11	Decimal	N/A	CALCULATED
(Z) Provider Billings	The total amount of billings that have been billed to the provider to the reporting month.	11	Decimal	N/A	CALCULATED

Field	Description	Length	Data Type	DB Table	DB Attributes
Balance	The outstanding balance of the account.	9	Decimal	N/A	CALCULATED
Cases Closed	The closed cases.	4	Number	N/A	CALCULATED
Cases Open	The opened cases.	4	Number	N/A	CALCULATED
Prov Recovered	The provider amount recovered.	9	Decimal	N/A	CALCULATED
Recovered Amount	The amount recovered.	9	Decimal	N/A	CALCULATED

2.8.120.5 Associated Programs

Program	Description
tpl1060m	Non-Attorney Casualty Recovery Reports TPL-1060-M, TPL-1061-Q and TPL-1062-A.

2.8.120.6 Associated Requirements

ID
30.090.004.003.1

2.8.120.7 Change Orders

ID	Name	Description
4177	TPL-1061-Q AND TPL-1062-A	TPL-1061-Q And TPL-1062-A are missing the header date range in OnBase.
698	Non -Attorney Casualty reports	Create reports for: Non-Attorney Casualty Recovery Monthly Non-Attorney Casualty Recovery Quarterly Non-Attorney Casualty Recovery Yearly

2.8.121 TPL-1070-M -- Trust Recovery Processing Monthly Summary Activity

This process reads the TPL cases file and report a summary account of all Trust Recovery Cases on the TPL Cases table that are in an open status for the reporting month. Trust Recovery Processing Monthly report provides grand total case counts and case amounts.

2.8.121.1 Technical Name

TPL-1070-M

2.8.121.2 Sort Order

N/A – Totals Only

2.8.121.3 Trust Recovery Processing Monthly Summary Activity Layout

Report : TPL-1070-M
Process : TPLJM745
Location: TPL0745M

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
TRUST RECOVERY PROCESSING MONTHLY
SUMMARY ACTIVITY FOR MM/DD/CCYY THROUGH MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 9999

TOTAL CASES THIS MONTH	NUMBER OF CASES OPENED THIS MONTH	NUMBER OF CASES CLOSED THIS MONTH	TOTAL CASE AMOUNT FOR MONTH END	TOTAL RECOVERED THIS MONTH	TOTAL RECOVERED TO DATE
9999	9999	9999	999,999,999.99	999,999,999.99	999,999,999.99

*** END OF REPORT ***
*** NO DATA THIS RUN ***

2.8.121.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Number of Cases Closed This Month	The number of cases closed This month.	4	Number	N/A	CALCULATED

Field	Description	Length	Data Type	DB Table	DB Attributes
Number of Cases Opened This Month	The number of cases opened this month.	4	Number	N/A	CALCULATED
Total Cases This Month	The total number of cases this month.	4	Number	N/A	CALCULATED
Total Recovered This Month	The total recovered this month.	11	Decimal	N/A	CALCULATED
Total Recovered To Date	The total recovered to date.	11	Decimal	N/A	CALCULATED
Total of Case Amount for Month End	The total of case amount for month end.	11	Decimal	N/A	CALCULATED

2.8.121.5 Associated Programs

Program	Description
tpl1070m	Trust Recovery Processing Reports TPL-1070-M, TPL-1071-Q and TPL-1072-A

2.8.121.6 Associated Requirements

ID
30.090.004.003.1

2.8.121.7 Change Orders

ID	Name	Description
1574	Trust Recovery Processing	<p>Create the following reports:</p> <ol style="list-style-type: none"> 1. TPL-1070-M : Trust Recovery Processing Monthly 2. TPL-1071-Q : Trust Recovery Processing Quarterly 3. TPL-1072-A : Trust Recovery Processing Fiscal Year

ID	Name	Description
3365	REL2-T_HIPP_EXPEND_XREF Batch	The table t_hipp_expend_xref will include the sak_short field as part of the primary key. Research and update batch code if necessary.

2.8.122 TPL-1071-Q -- Trust Recovery Processing Quarterly Summary Activity

This process reads the TPL cases file and report a summary account of all Trust Recovery Cases on the TPL Cases table that are in an open status for the reporting quarter. Trust Recovery Processing Quarterly report provides grand total case counts and case amounts.

2.8.122.1 Technical Name

TPL-1071-Q

2.8.122.2 Sort Order

N/A – Totals Only

2.8.122.3 Trust Recovery Processing Quarterly Summary Activity Layout

Report : TPL-1071-Q
Process : TPLJQ745
Location: TPL0745Q

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
TRUST RECOVERY PROCESSING QUARTERLY
SUMMARY ACTIVITY FOR MM/DD/CCYY THROUGH MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 9999

TOTAL CASES OPENED THIS QUARTER	TOTAL CASES CLOSED THIS QUARTER	TOTAL BILLING THIS QUARTER	TOTAL RECOVERED AT QUARTER END	BALANCE THIS QUARTER
9999	9999	9999	999,999,999.99	999,999,999.99

*** END OF REPORT ***
*** NO DATA THIS RUN ***

2.8.122.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Balance This Quarter	The balance this quarter.	11	Decimal	N/A	CALCULATED
Number of Cases Opened This Quarter	The number of cases opened this Quarter.	4	Number	N/A	CALCULATED

Field	Description	Length	Data Type	DB Table	DB Attributes
Total Billing This Quarter	The total billing this quarter.	4	Number	N/A	CALCULATED
Total Recovered At Quarter End	The total recovered at quarter end.	11	Decimal	N/A	CALCULATED

2.8.122.5 Associated Programs

Program	Description
tpl1070m	Trust Recovery Processing Reports TPL-1070-M, TPL-1071-Q and TPL-1072-A

2.8.122.6 Associated Requirements

ID
30.090.004.003.1

2.8.122.7 Change Orders

ID	Name	Description
1574	Trust Recovery Processing	<p>Create the following reports:</p> <ol style="list-style-type: none"> 1. TPL-1070-M : Trust Recovery Processing Monthly 2. TPL-1071-Q : Trust Recovery Processing Quarterly 3. TPL-1072-A : Trust Recovery Processing Fiscal Year

2.8.123 TPL-1072-A -- Trust Recovery Processing Fiscal Year Activity Summary

This process reads the TPL cases file and report a summary account of all Trust Recovery Cases on the TPL Cases table that are in an open status for the reporting fiscal year. Trust Recovery Processing Fiscal Year report provides grand total case counts and case amounts.

2.8.123.1 Technical Name

TPL-1072-A

2.8.123.2 Sort Order

N/A – Totals Only

2.8.123.3 Trust Recovery Processing Fiscal Year Activity Summary Layout

```

Report : TPL-1072-A          COMMONWEALTH OF KENTUCKY          Run Date: MM/DD/CCYY
Process : TPLJA745          MEDICAID MANAGEMENT INFORMATION SYSTEM      Run Time: 99:99:99
Location: TPL0745A          TRUST RECOVERY PROCESSING          Page: 9999
                             FISCAL YEAR ACTIVITY SUMMARY REPORT
                             MM/DD/CCYY THROUGH MM/DD/CCYY

```

TOTAL CASES OPENED THIS YEAR	TOTAL CASES CLOSED THIS YEAR	TOTAL BILLING THIS YEAR	TOTAL RECOVERED AT YEAR END	BALANCE THIS YEAR
9999	9999	9999	999,999,999.99	999,999,999.99

*** END OF REPORT ***

*** NO DATA THIS RUN ***

2.8.123.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Balance This Year	The balance this year.	11	Decimal	N/A	CALCULATED
Number of Cases Closed This Year	The number of cases closed This year.	4	Number	N/A	CALCULATED
Number of Cases Opened This Year	The number of cases opened this year.	4	Number	N/A	CALCULATED

Field	Description	Length	Data Type	DB Table	DB Attributes
Total Billing This Year	The total billing this year.	4	Number	N/A	CALCULATED
Total Recovered At Year End	The total recovered at year end.	11	Decimal	N/A	CALCULATED

2.8.123.5 Associated Programs

Program	Description
tpl1070m	Trust Recovery Processing Reports TPL-1070-M, TPL-1071-Q and TPL-1072-A

2.8.123.6 Associated Requirements

ID
30.090.004.003.1

2.8.123.7 Change Orders

ID	Name	Description
1574	Trust Recovery Processing	Create the following reports: 1. TPL-1070-M : Trust Recovery Processing Monthly 2. TPL-1071-Q : Trust Recovery Processing Quarterly 3. TPL-1072-A : Trust Recovery Processing Fiscal Year

2.8.124 TPL-1080-M -- Bill Type '15' - PCG Adds Recoveries

This report lists the amount recovered from billing records produced through the PCG Adds Process. Details are listed by CCN for batch ranges other than 71 through 75. Bill type '15' billing records are input to this program. Bill Type '15' - PCG Adds Recoveries report provides member, case detail information and total amounts recovered from the TPL Unit and PCG. The second part of this report lists by county, counts and recovery amounts by the TPL Unit and PCG. The grand totals of these for all counties are also listed.

2.8.124.1 Technical Name

TPL-1080-M

2.8.124.2 Sort Order

Batch Number, CCN, Member ID

For readability the layout displays on the next page.

2.8.124.3 Bill Type '15' - PCG Adds Recoveries Layout

Report : TPL-1080-M
 Process : TPLJM180
 Location: TPL1080M

COMMONWEALTH OF KENTUCKY
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 BILL TYPE '15' - PCG ADDS RECOVERIES
 MONTH ENDING MM/DD/CCYY

Run Date: MM/DD/CCYY
 Run Time: 99:99:99
 Page: 9999

TPL Unit Recovered, CCN BATCH RANGE OTHER THAN 71 - 75

MEMBER ID	MEMBER NAME	CCN	AMOUNT RECOV	ICN	POST DATE	MEMBER CNTY CODE / NAME
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	9,999,999.99	XXXXXXXXXXXXXXXXXXXX	MM/DD/CCYY	XXX / XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	9,999,999.99	XXXXXXXXXXXXXXXXXXXX	MM/DD/CCYY	XXX / XXXXXXXXXXXXXXXXXXXX

TOTAL TPL UNIT RECOVERED 999,999,999.99

PCG Recovered CCN BATCH RANGE 71 - 75

MEMBER ID	MEMBER NAME	CCN	AMOUNT RECOV	ICN	POST DATE	MEMBER CNTY CODE / NAME
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	9,999,999.99	XXXXXXXXXXXXXXXXXXXX	MM/DD/CCYY	XXX / XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	9,999,999.99	XXXXXXXXXXXXXXXXXXXX	MM/DD/CCYY	XXX / XXXXXXXXXXXXXXXXXXXX

TOTAL PCG RECOVERED 999,999,999.99

DETAIL TOTALS PAGE

TOTAL TPL UNIT RECOVERED 999,999,999.99

TOTAL PCG RECOVERED 999,999,999.99

TOTAL RECOVERED 999,999,999.99

Report : TPL-1080-M
 Process : TPLJMXXX
 Location: TPLXXXXX

COMMONWEALTH OF KENTUCKY
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 BILL TYPE '15' - PCG ADDS RECOVERIES
 ENDING MM/DD/CCYY

Run Date: MM/DD/CCYY
 Run Time: 99:99:99
 Page: 9999

COUNTY TOTALS PAGE

COUNTY CODE / NAME	TPL UNIT COUNT	TPL UNIT RECOV	PCG COUNT	PCG RECOV	TOTAL COUNT	TOTAL RECOV
XXX / XXXXXXXXXXXX	9999	9,999,999.99	9,999	9,999,999.99	9,999	9,999,999.99
XXX / XXXXXXXXXXXX	9999	9,999,999.99	9,999	9,999,999.99	9,999	9,999,999.99
XXX / XXXXXXXXXXXX	9999	9,999,999.99	9,999	9,999,999.99	9,999	9,999,999.99
ALL COUNTIES	99,999	999,999,999.99	99,999	999,999,999.99	99,999	999,999,999.99

*** END OF REPORT ***

*** NO DATA THIS RUN ***

2.8.124.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
All Counties	All counties.	11	Decimal	N/A	CALCULATED
All Counties (PCG Count)	The total of the PCG count.	5	Number	N/A	CALCULATED
All Counties (PCG Recov)	total of PCG Recov	1	Decimal	N/A	CALCULATED
All Counties (Unit count)	The total of TPL Unit count.	5	Number	N/A	CALCULATED
All Counties (Unit recov)	The total of TPL Unit recovery.	11	Decimal	N/A	CALCULATED
All Counties (total Recov)	Total recov in all counties	11	Decimal	N/A	CALCULATED

Field	Description	Length	Data Type	DB Table	DB Attributes
All Counties (total count)	The total count of all counties.	5	Number	N/A	CALCULATED
Amount Recov	The amount recovered per member.	9	Decimal	N/A	CALCULATED
CCN	The cash control number.	11	Char	T_ADJ_MASS_CLAIM	CASH_CTL_NO
County Code/ Name	Code and name of County	13	Char	T_RE_BASE	CDE_COUNTY
ICN	The internal control number.	13	Char	T_HIST_DIRECTORY	NUM_ICN_FL
Member CNTY Code / Name	The Member CNTY Code / Name.	20	Char	T_RE_BASE	CDE_COUNTY
Member ID	The Member's Medicaid ID	12	Char	T_RE_BASE	ID_MEDICAID
Member Name	The name of the Member.	29	Char	T_RE_BASE	NAM_LAST
PCG Count	The PCG count per county.	4	Number	N/A	CALCULATED
PCG Recov	The PCG recovery per county.	9	Decimal	N/A	CALCULATED
Post Date	The Medicaid post date.	8	Date (MM/DD/CYY)	T_CASH_RECEIPT	DTE_RECEIPT
TPL Unit Count	The TPL Unit count per county.	4	Number	N/A	CALCULATED
TPL Unit Recov	The TPL Unit recovery per county.	9	Decimal	N/A	CALCULATED
Total Count	The total count per county.	4	Number	N/A	CALCULATED
Total PCG Recovered	The total PCG recovered.	11	Decimal	N/A	CALCULATED
Total Recov	The total recovered per county	11	Decimal	N/A	CALCULATED
Total Recovered	The total recovered.	11	Decimal	N/A	CALCULATED

Field	Description	Length	Data Type	DB Table	DB Attributes
Total TPL Unit Recovered	The total TPL Unit recovered.	11	Decimal	N/A	CALCULATED

2.8.124.5 Associated Programs

Program	Description
tpl1080m	Bill Type '15' '17' and '18' Reports- PCG Series TPL-108*

2.8.124.6 Associated Requirements

ID
30.090.004.003.1

2.8.124.7 Change Orders

ID	Name	Description
707	Bill Type reports	<p>Create the following reports:</p> <ol style="list-style-type: none"> 1. Bill Type '15' - PCG Adds Recoveries 2. Bill Type '17' - PCG MSE (Identified) Recoveries - Month End 3. Bill Type '18' - MSE (Enforcement) Recoveries - Month End 4. Bill Type '15' - PCG Adds Recoveries - Quarter End 5. Bill Type '17' - PCG MSE (Identified) Recoveries - Quarter End 6. Bill Type '18' - PCG MSE (Enforcement) Recoveries - Quarter End 7. Bill Type '15' - PCG Adds Recoveries - SFY End 8. Bill Type '17' - PCG MSE (Identified) Recoveries - SFY End 9. Bill Type '18' - PCG MSE (Enforcement) Recoveries - SFY End

2.8.125 TPL-1081-M -- Bill Type '17' - PCG MSE (Identified) Recoveries-Month End

This report lists the amount recovered from billing records produced through the PCG Adds Process. Details are listed by CCN for batch ranges other than 71 through 75. Bill type '17' billing records are input to this program. Bill Type '17' - PCG MSE (Identified) Recoveries-Month End report provides member, case detail information and total amounts recovered from the TPL Unit and PCG. The second part of this report lists by county, counts and recovery amounts by the TPL Unit and PCG. The grand totals of these for all counties are also listed.

2.8.125.1 Technical Name

TPL-1081-M

2.8.125.2 Sort Order

Batch Number, CCN, Member ID

For readability the layout displays on the next page.

2.8.125.3 Bill Type '17' - PCG MSE (Identified) Recoveries-Month End Layout

Report : TPL-1081-M
 Process : TPLJM181
 Location: TPL1080M

COMMONWEALTH OF KENTUCKY
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 BILL TYPE '17' - PCG MSE (IDENTIFIED) RECOVERIES
 MONTH ENDING MM/DD/CCYY

Run Date: MM/DD/CCYY
 Run Time: 99:99:99
 Page: 9999

TPL UNIT RECOVERED, CCN BATCH RANGE OTHER THAN 71 - 75

MEMBER ID	MEMBER NAME	CCN	AMOUNT RECOV	ICN	POST DATE	MEMBER CNTY CODE / NAME
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	9,999,999.99	XXXXXXXXXXXX	MM/DD/CCYY	XXX / XXXXXXXX
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	9,999,999.99	XXXXXXXXXXXX	MM/DD/CCYY	XXX / XXXXXXXX

TOTAL TPL UNIT RECOVERED 999,999,999.99

PCG RECOVERED, CCN BATCH RANGE 71 - 75

MEMBER ID	MEMBER NAME	CCN	AMOUNT RECOV	ICN	POST DATE	MEMBER CNTY CODE / NAME
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	9,999,999.99	XXXXXXXXXXXX	MM/DD/CCYY	XXX / XXXXXXXX
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	9,999,999.99	XXXXXXXXXXXX	MM/DD/CCYY	XXX / XXXXXXXX

TOTAL PCG RECOVERED 999,999,999.99

DETAIL TOTALS PAGE

TOTAL TPL UNIT RECOVERED 999,999,999.99

TOTAL PCG RECOVERED 999,999,999.99

TOTAL RECOVERED 999,999,999.99

Report : TPL-1081-M
 Process : TPLJMXXX
 Location: TPLXXXXX

COMMONWEALTH OF KENTUCKY
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 BILL TYPE '17' - PCG MSE (IDENTIFIED) RECOVERIES
 ENDING MM/DD/CCYY

Run Date: MM/DD/CCYY
 Run Time: 99:99:99
 Page: 9999

COUNTY TOTALS PAGE

COUNTY CODE / NAME	TPL UNIT COUNT	TPL UNIT RECOV	PCG COUNT	PCG RECOV	TOTAL COUNT	TOTAL RECOV
XXX / XXXXXXXXXXXX	9999	9,999,999.99	9,999	9,999,999.99	9,999	9,999,999.99
XXX / XXXXXXXXXXXX	9999	9,999,999.99	9,999	9,999,999.99	9,999	9,999,999.99
XXX / XXXXXXXXXXXX	9999	9,999,999.99	9,999	9,999,999.99	9,999	9,999,999.99
ALL COUNTIES	99,999	999,999,999.99	99,999	999,999,999.99	99,999	999,999,999.99

*** END OF REPORT ***

*** NO DATA THIS RUN ***

2.8.125.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
All Counties	All counties.	11	Decimal	N/A	CALCULATED
All Counties (PCG Count)	The total of the PCG count.	5	Number	N/A	CALCULATED
All Counties (PCG Recov)	total of PCG Recov	1	Decimal	N/A	CALCULATED
All Counties (Unit count)	The total of TPL Unit count.	5	Number	N/A	CALCULATED
All Counties (Unit recov)	The total of TPL Unit recovery.	11	Decimal	N/A	CALCULATED

Field	Description	Length	Data Type	DB Table	DB Attributes
All Counties (total Recov)	Total recov in all counties	11	Decimal	N/A	CALCULATED
All Counties (total count)	The total count of all counties.	5	Number	N/A	CALCULATED
Amount Recov	The amount recovered.	9	Decimal	N/A	CALCULATED
CCN	The cash control number.	11	Char	T_ADJ_MASS_CLAIM	CASH_CTL_NO
County Code/ Name	Code and name of County	13	Char	T_RE_BASE	CDE_COUNTY
ICN	The internal control number.	13	Char	T_HIST_DIRECTORY	NUM_ICN_FL
Member CNTY Code / Name	The Member CNTY Code / Name.	10	Char	T_RE_BASE	CDE_COUNTY
Member ID	The Member's Medicaid ID	12	Char	T_RE_BASE	ID_MEDICAID
Member Name	The name of the Member.	29	Char	T_RE_BASE	NAM_LAST
PCG Count	The PCG count.	4	Number	N/A	CALCULATED
PCG Recov	The PCG recovery.	9	Decimal	N/A	CALCULATED
Post Date	The Medicaid post date.	8	Date (MM/DD/CCYY)	T_CASH_RECEIPT	DTE_RECEIPT
TPL Unit Count	The TPL Unit count.	4	Number	N/A	CALCULATED
TPL Unit Recov	The TPL Unit recovery.	9	Decimal	N/A	CALCULATED
Total Count	The total count.	4	Number	N/A	CALCULATED
Total PCG Recovered	The total PCG recovered.	11	Decimal	N/A	CALCULATED
Total Recov	The total recovered per county	11	Decimal	N/A	CALCULATED

Field	Description	Length	Data Type	DB Table	DB Attributes
Total Recovered	The total recovered.	11	Decimal	N/A	CALCULATED
Total TPL Unit Recovered	The total TPL Unit recovered.	11	Decimal	N/A	CALCULATED

2.8.125.5 Associated Programs

Program	Description
tpl1080m	Bill Type '15' '17' and '18' Reports- PCG Series TPL-108*

2.8.125.6 Associated Requirements

ID
30.090.004.003.1

2.8.125.7 Change Orders

ID	Name	Description
707	Bill Type reports	<p>Create the following reports:</p> <ol style="list-style-type: none"> 1. Bill Type '15' - PCG Adds Recoveries 2. Bill Type '17' - PCG MSE (Identified) Recoveries - Month End 3. Bill Type '18' - MSE (Enforcement) Recoveries - Month End 4. Bill Type '15' - PCG Adds Recoveries - Quarter End 5. Bill Type '17' - PCG MSE (Identified) Recoveries - Quarter End 6. Bill Type '18' - PCG MSE (Enforcement) Recoveries - Quarter End 7. Bill Type '15' - PCG Adds Recoveries - SFY End 8. Bill Type '17' - PCG MSE (Identified) Recoveries - SFY End 9. Bill Type '18' - PCG MSE (Enforcement) Recoveries - SFY End

2.8.126 TPL-1082-M -- Bill Type '18' - PCG MSE (Enforcement) Recoveries-Month End

This report lists the amount recovered from billing records produced through the PCG Adds Process. Details are listed by CCN for batch ranges other than 71 through 75. Bill type '18' billing records are input to this program. Bill Type '18' - PCG MSE (Enforcement) Recoveries-Month End report provides member, case detail information and total amounts recovered from the TPL Unit and PCG. The second part of this report lists by county, counts and recovery amounts by the TPL Unit and PCG. The grand totals of these for all counties are also listed.

2.8.126.1 Technical Name

TPL-1082-M

2.8.126.2 Sort Order

Batch Number, CCN, Member ID

For readability the layout displays on the next page.

2.8.126.3 Bill Type '18' - PCG MSE (Enforcement) Recoveries-Month End Layout

Report : TPL-1082-M
 Process : TPLJM182
 Location: TPL1080M

COMMONWEALTH OF KENTUCKY
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 BILL TYPE '18' - PCG MSE (ENFORCEMENT) RECOVERIES
 MONTH ENDING MM/DD/CCYY

Run Date: MM/DD/CCYY
 Run Time: 99:99:99
 Page: 9999

TPL UNIT RECOVERED, CCN BATCH RANGE OTHER THAN 71 - 75

MEMBER ID	MEMBER NAME	CCN	AMOUNT RECOV	ICN	POST DATE	MEMBER CNTY CODE / NAME
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	9,999,999.99	XXXXXXXXXXXX	MM/DD/CCYY	XXX / XXXXXXXX
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	9,999,999.99	XXXXXXXXXXXX	MM/DD/CCYY	XXX / XXXXXXXX
TOTAL TPL UNIT RECOVERED			999,999,999.99			

PCG RECOVERED, CCN BATCH RANGE 71 - 75

MEMBER ID	MEMBER NAME	CCN	AMOUNT RECOV	ICN	POST DATE	MEMBER CNTY CODE / NAME
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	9,999,999.99	XXXXXXXXXXXX	MM/DD/CCYY	XXX / XXXXXXXX
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	9,999,999.99	XXXXXXXXXXXX	MM/DD/CCYY	XXX / XXXXXXXX
TOTAL PCG RECOVERED			999,999,999.99			

DETAIL TOTALS PAGE

TOTAL TPL UNIT RECOVERED 999,999,999.99

TOTAL PCG RECOVERED 999,999,999.99

TOTAL RECOVERED 999,999,999.99

Report : TPL-1082-M
 Process : TPLJMKXX
 Location: TPLXXXXX

COMMONWEALTH OF KENTUCKY
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 BILL TYPE '18' - PCG MSE (IDENTIFIED) RECOVERIES
 MONTH ENDING MM/DD/CCYY

Run Date: MM/DD/CCYY
 Run Time: 99:99:99
 Page: 9999

COUNTY TOTALS PAGE

COUNTY CODE / NAME	TPL UNIT COUNT	TPL UNIT RECOV	PCG COUNT	PCG RECOV	TOTAL COUNT	TOTAL RECOV
XXX / XXXXXXXXXXXX	9999	9,999,999.99	9,999	9,999,999.99	9,999	9,999,999.99
XXX / XXXXXXXXXXXX	9999	9,999,999.99	9,999	9,999,999.99	9,999	9,999,999.99
XXX / XXXXXXXXXXXX	9999	9,999,999.99	9,999	9,999,999.99	9,999	9,999,999.99
ALL COUNTIES	99,999	999,999,999.99	99,999	999,999,999.99	99,999	999,999,999.99

*** END OF REPORT ***

*** NO DATA THIS RUN ***

2.8.126.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
All Counties	All counties.	11	Decimal	N/A	CALCULATED
All Counties (PCG Count)	The total of the PCG count.	5	Number	N/A	CALCULATED
All Counties (PCG Recov)	total of PCG Recov	1	Decimal	N/A	CALCULATED
All Counties (Unit count)	The total of TPL Unit count.	5	Number	N/A	CALCULATED
All Counties (Unit recov)	The total of TPL Unit recovery.	11	Decimal	N/A	CALCULATED
All Counties (total Recov)	Total recov in all counties	11	Decimal	N/A	CALCULATED

Field	Description	Length	Data Type	DB Table	DB Attributes
All Counties (total count)	The total count of all counties.	5	Number	N/A	CALCULATED
Amount Recov	The amount recovered.	9	Decimal	N/A	CALCULATED
CCN	The cash control number.	11	Char	T_ADJ_MASS_CLAIM	CASH_CTL_NO
County Code/ Name	Code and name of County	13	Char	T_RE_BASE	CDE_COUNTY
ICN	The internal control number.	13	Char	T_HIST_DIRECTORY	NUM_ICN_FL
Member CNTY Code / Name	The Member CNTY Code / Name.	10	Char	T_RE_BASE	CDE_COUNTY
Member ID	The Member's Medicaid ID	12	Char	T_RE_BASE	ID_MEDICAID
Member Name	The name of the Member.	29	Char	T_RE_BASE	NAM_LAST
PCG Count	The PCG count.	4	Number	N/A	CALCULATED
PCG Recov	The PCG recovery.	9	Decimal	N/A	CALCULATED
Post Date	The Medicaid post date.	8	Date (MM/DD/CCYY)	T_CASH_RECEIPT	DTE_RECEIPT
TPL Unit Count	The TPL Unit count.	4	Number	N/A	CALCULATED
TPL Unit Recov	The TPL Unit recovery.	9	Decimal	N/A	CALCULATED
Total Count	The total count.	4	Number	N/A	CALCULATED
Total PCG Recovered	The total PCG recovered.	11	Decimal	N/A	CALCULATED
Total Recov	The total recovered per county	11	Decimal	N/A	CALCULATED
Total Recovered	The total recovered.	11	Decimal	N/A	CALCULATED
Total TPL Unit Recovered	The total TPL Unit recovered.	11	Decimal	N/A	CALCULATED

2.8.126.5 Associated Programs

Program	Description
tpl1080m	Bill Type '15' '17' and '18' Reports- PCG Series TPL-108*

2.8.126.6 Associated Requirements

ID
30.090.004.003.1

2.8.126.7 Change Orders

ID	Name	Description
707	Bill Type reports	<p>Create the following reports:</p> <ol style="list-style-type: none">1. Bill Type '15' - PCG Adds Recoveries2. Bill Type '17' - PCG MSE (Identified) Recoveries - Month End3. Bill Type '18' - MSE (Enforcement) Recoveries - Month End4. Bill Type '15' - PCG Adds Recoveries - Quarter End5. Bill Type '17' - PCG MSE (Identified) Recoveries - Quarter End6. Bill Type '18' - PCG MSE (Enforcement) Recoveries - Quarter End7. Bill Type '15' - PCG Adds Recoveries - SFY End8. Bill Type '17' - PCG MSE (Identified) Recoveries - SFY End9. Bill Type '18' - PCG MSE (Enforcement) Recoveries - SFY End

2.8.127 TPL-1083-Q -- Bill Type '15' - PCG Adds Recoveries - Quarter End

This report lists the amount recovered from billing records produced through the PCG Adds Process. Details are listed by CCN for batch ranges other than 71 through 75. Bill type '15' billing records are input to this program. Bill Type '15' - PCG Adds Recoveries - Quarter End report provides member, case detail information and total amounts recovered from the TPL Unit and PCG. The second part of this report lists by county, counts and recovery amounts by the TPL Unit and PCG. The grand totals of these for all counties are also listed.

2.8.127.1 Technical Name

TPL-1083-Q

2.8.127.2 Sort Order

Batch Number, CCN, Member ID

For readability the layout displays on the next page.

2.8.127.3 Bill Type '15' - PCG Adds Recoveries - Quarter End Layout

Report : TPL-1083-Q
 Process : TPLJQ183
 Location: TPL1080M

COMMONWEALTH OF KENTUCKY
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 BILL TYPE '15' - PCG ADDS RECOVERIES
 QUARTER ENDING MM/DD/CCYY

Run Date: MM/DD/CCYY
 Run Time: 99:99:99
 Page: 9999

TPL UNIT RECOVERED, CCN BATCH RANGE OTHER THAN 71 - 75

MEMBER ID	MEMBER NAME	CCN	AMOUNT RECOV	ICN	POST DATE	MEMBER CNTY CODE / NAME
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	9,999,999.99	XXXXXXXXXXXX	MM/DD/CCYY	XXX / XXXXXXXX
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	9,999,999.99	XXXXXXXXXXXX	MM/DD/CCYY	XXX / XXXXXXXX

TOTAL TPL UNIT RECOVERED 999,999,999.99

PCG RECOVERED, CCN BATCH THAN 71 - 75

MEMBER ID	MEMBER NAME	CCN	AMOUNT RECOV	ICN	POST DATE	MEMBER CNTY CODE / NAME
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	9,999,999.99	XXXXXXXXXXXX	MM/DD/CCYY	XXX / XXXXXXXX
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	9,999,999.99	XXXXXXXXXXXX	MM/DD/CCYY	XXX / XXXXXXXX

TOTAL PCG RECOVERED 999,999,999.99

DETAIL TOTALS PAGE

TOTAL TPL UNIT RECOVERED 999,999,999.99

TOTAL PCG RECOVERED 999,999,999.99

TOTAL RECOVERED 999,999,999.99

Report : TPL-1083-Q
 Process : TPLJQXXX
 Location: TPLXXXXX

COMMONWEALTH OF KENTUCKY
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 BILL TYPE '15' - PCG ADDS RECOVERIES
 QUARTER ENDING MM/DD/CCYY

Run Date: MM/DD/CCYY
 Run Time: 99:99:99
 Page: 9999

COUNTY TOTALS PAGE

COUNTY CODE / NAME	TPL UNIT COUNT	TPL UNIT RECOV	PCG COUNT	PCG RECOV	TOTAL COUNT	TOTAL RECOV
XXX / XXXXXXXXXXXX	9999	9,999,999.99	9,999	9,999,999.99	9,999	9,999,999.99
XXX / XXXXXXXXXXXX	9999	9,999,999.99	9,999	9,999,999.99	9,999	9,999,999.99
XXX / XXXXXXXXXXXX	9999	9,999,999.99	9,999	9,999,999.99	9,999	9,999,999.99
ALL COUNTIES	99,999	999,999,999.99	99,999	999,999,999.99	99,999	999,999,999.99

***** END OF REPORT *****
 *** NO DATA THIS RUN ***

2.8.127.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
All Counties	All counties.	11	Decimal	N/A	CALCULATED
All Counties (PCG Count)	The total of the PCG count.	5	Number	N/A	CALCULATED
All Counties (PCG Recov)	total of PCG Recov	1	Decimal	N/A	CALCULATED
All Counties (Unit count)	The total of TPL Unit count.	5	Number	N/A	CALCULATED
All Counties (Unit recov)	The total of TPL Unit recovery.	11	Decimal	N/A	CALCULATED

Field	Description	Length	Data Type	DB Table	DB Attributes
All Counties (total Recov)	Total recov in all counties	11	Decimal	N/A	CALCULATED
All Counties (total count)	The total count of all counties.	5	Number	N/A	CALCULATED
Amount Recov	The amount recovered.	9	Decimal	N/A	CALCULATED
CCN	The cash control number.	11	Char	T_ADJ_MASS_CLAIM	CASH_CTL_NO
County Code/ Name	Code and name of County	13	Char	T_RE_BASE	CDE_COUNTY
ICN	The internal control number.	13	Char	T_HIST_DIRECTORY	NUM_ICN_FL
Member CNTY Code / Name	The Member CNTY Code / Name.	10	Char	T_RE_BASE	CDE_COUNTY
Member ID	The Member's Medicaid ID	12	Char	T_RE_BASE	ID_MEDICAID
Member Name	The name of the Member.	29	Char	T_RE_BASE	NAM_LAST
PCG Count	The PCG count.	4	Number	N/A	CALCULATED
PCG Recov	The PCG recovery.	9	Decimal	N/A	CALCULATED
Post Date	The Medicaid post date.	8	Date (MM/DD/CCYY)	T_CASH_RECEIPT	DTE_RECEIPT
TPL Unit Count	The TPL Unit count.	4	Number	N/A	CALCULATED
TPL Unit Recov	The TPL Unit recovery.	9	Decimal	N/A	CALCULATED
Total Count	The total count.	4	Number	N/A	CALCULATED
Total PCG Recovered	The total PCG recovered.	11	Decimal	N/A	CALCULATED
Total Recov	The total recovered per county	11	Decimal	N/A	CALCULATED

Field	Description	Length	Data Type	DB Table	DB Attributes
Total Recovered	The total recovered.	11	Decimal	N/A	CALCULATED
Total TPL Unit Recovered	The total TPL Unit recovered.	11	Decimal	N/A	CALCULATED

2.8.127.5 Associated Programs

Program	Description
tpl1080m	Bill Type '15' '17' and '18' Reports- PCG Series TPL-108*

2.8.127.6 Associated Requirements

ID
30.090.004.003.1

2.8.127.7 Change Orders

ID	Name	Description
707	Bill Type reports	<p>Create the following reports:</p> <ol style="list-style-type: none"> 1. Bill Type '15' - PCG Adds Recoveries 2. Bill Type '17' - PCG MSE (Identified) Recoveries - Month End 3. Bill Type '18' - MSE (Enforcement) Recoveries - Month End 4. Bill Type '15' - PCG Adds Recoveries - Quarter End 5. Bill Type '17' - PCG MSE (Identified) Recoveries - Quarter End 6. Bill Type '18' - PCG MSE (Enforcement) Recoveries - Quarter End 7. Bill Type '15' - PCG Adds Recoveries - SFY End 8. Bill Type '17' - PCG MSE (Identified) Recoveries - SFY End 9. Bill Type '18' - PCG MSE (Enforcement) Recoveries - SFY End

2.8.128 TPL-1084-Q -- Bill Type '17' - PCG MSE (Identified) Recoveries - Quarter End

This report lists the amount recovered from billing records produced through the PCG Adds Process. Details are listed by CCN for batch ranges other than 71 through 75. Bill type '17' billing records are input to this program. Bill Type '17' - PCG MSE (Identified) Recoveries - Quarter End report provides member, case detail information and total amounts recovered from the TPL Unit and PCG. The second part of this report lists by county, counts and recovery amounts by the TPL Unit and PCG. The grand totals of these for all counties are also listed.

2.8.128.1 Technical Name

TPL-1084-Q

2.8.128.2 Sort Order

Batch Number, CCN, Member ID

For readability the layout displays on the next page.

2.8.128.3 Bill Type '17' - PCG MSE (Identified) Recoveries - Quarter End Layout

Report : TPL-1084-Q
 Process : TPLJQ184
 Location: TPL1080M

COMMONWEALTH OF KENTUCKY
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 BILL TYPE '17' - PCG MSE (IDENTIFIED) RECOVERIES
 QUARTER ENDING MM/DD/CCYY

Run Date: MM/DD/CCYY
 Run Time: 99:99:99
 Page: 9999

TPL UNIT RECOVERED, CCN BATCH RANGE OTHER THAN 71 - 75

MEMBER ID	MEMBER NAME	CCN	AMOUNT RECOV	ICN	POST DATE	MEMBER CNTY CODE / NAME
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	9,999,999.99	XXXXXXXXXXXX	MM/DD/CCYY	XXX / XXXXXXXX
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	9,999,999.99	XXXXXXXXXXXX	MM/DD/CCYY	XXX / XXXXXXXX
TOTAL TPL UNIT RECOVERED			999,999,999.99			

PCG RECOVERED, CCN BATCH RANGE 71 - 75

MEMBER ID	MEMBER NAME	CCN	AMOUNT RECOV	ICN	POST DATE	MEMBER CNTY CODE / NAME
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	9,999,999.99	XXXXXXXXXXXX	MM/DD/CCYY	XXX / XXXXXXXX
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	9,999,999.99	XXXXXXXXXXXX	MM/DD/CCYY	XXX / XXXXXXXX
TOTAL PCG RECOVERED			999,999,999.99			

DETAIL TOTALS PAGE

TOTAL TPL UNIT RECOVERED	999,999,999.99
TOTAL PCG RECOVERED	999,999,999.99
TOTAL RECOVERED	999,999,999.99

Report : TPL-1084-Q
 Process : TPLJQXXX
 Location: TPLXXXXX

COMMONWEALTH OF KENTUCKY
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 BILL TYPE '17' - PCG MSE (IDENTIFIED) RECOVERIES
 QUARTER ENDING MM/DD/CCYY

Run Date: MM/DD/CCYY
 Run Time: 99:99:99
 Page: 9999

COUNTY TOTALS PAGE

COUNTY CODE / NAME	TPL UNIT COUNT	TPL UNIT RECOV	PCG COUNT	PCG RECOV	TOTAL COUNT	TOTAL RECOV
XXX / XXXXXXXXXXXX	9999	9,999,999.99	9,999	9,999,999.99	9,999	9,999,999.99
XXX / XXXXXXXXXXXX	9999	9,999,999.99	9,999	9,999,999.99	9,999	9,999,999.99
XXX / XXXXXXXXXXXX	9999	9,999,999.99	9,999	9,999,999.99	9,999	9,999,999.99
ALL COUNTIES	99,999	999,999,999.99	99,999	999,999,999.99	99,999	999,999,999.99

*** END OF REPORT ***

*** NO DATA THIS RUN ***

2.8.128.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
All Counties	All counties.	11	Decimal	N/A	CALCULATED
All Counties (PCG Count)	The total of the PCG count.	5	Number	N/A	CALCULATED
All Counties (PCG Recov)	total of PCG Recov	1	Decimal	N/A	CALCULATED
All Counties (Unit count)	The total of TPL Unit count.	5	Number	N/A	CALCULATED
All Counties (Unit recov)	The total of TPL Unit recovery.	11	Decimal	N/A	CALCULATED
All Counties (total Recov)	Total recov in all counties	11	Decimal	N/A	CALCULATED
All Counties (total count)	The total count of all counties.	5	Number	N/A	CALCULATED

Field	Description	Length	Data Type	DB Table	DB Attributes
Amount Recov	The amount recovered.	9	Decimal	N/A	CALCULATED
CCN	The cash control number.	11	Char	T_ADJ_MASS_CLAIM	CASH_CTL_NO
County Code/ Name	Code and name of County	13	Char	T_RE_BASE	CDE_COUNTY
ICN	The internal control number.	13	Char	T_HIST_DIRECTORY	NUM_ICN_FL
Member CNTY Code / Name	The Member CNTY Code / Name.	10	Char	T_RE_BASE	CDE_COUNTY
Member ID	The Member's Medicaid ID	12	Char	T_RE_BASE	ID_MEDICAID
Member Name	The name of the Member.	29	Char	T_RE_BASE	NAM_LAST
PCG Count	The PCG count.	4	Number	N/A	CALCULATED
PCG Recov	The PCG recovery.	9	Decimal	N/A	CALCULATED
Post Date	The Medicaid post date.	8	Date (MM/DD/CCYY)	T_CASH_RECEIPT	DTE_RECEIPT
TPL Unit Count	The TPL Unit count.	4	Number	N/A	CALCULATED
TPL Unit Recov	The TPL Unit recovery.	9	Decimal	N/A	CALCULATED
Total Count	The total count.	4	Number	N/A	CALCULATED
Total PCG Recovered	The total PCG recovered.	11	Decimal	N/A	CALCULATED
Total Recov	The total recovered per county	11	Decimal	N/A	CALCULATED
Total Recovered	The total recovered.	11	Decimal	N/A	CALCULATED
Total TPL Unit Recovered	The total TPL Unit recovered.	11	Decimal	N/A	CALCULATED

2.8.128.5 Associated Programs

Program	Description
tpl1080m	Bill Type '15' '17' and '18' Reports- PCG Series TPL-108*

2.8.128.6 Associated Requirements

ID
30.090.004.003.1

2.8.128.7 Change Orders

ID	Name	Description
707	Bill Type reports	<p>Create the following reports:</p> <ol style="list-style-type: none">1. Bill Type '15' - PCG Adds Recoveries2. Bill Type '17' - PCG MSE (Identified) Recoveries - Month End3. Bill Type '18' - MSE (Enforcement) Recoveries - Month End4. Bill Type '15' - PCG Adds Recoveries - Quarter End5. Bill Type '17' - PCG MSE (Identified) Recoveries - Quarter End6. Bill Type '18' - PCG MSE (Enforcement) Recoveries - Quarter End7. Bill Type '15' - PCG Adds Recoveries - SFY End8. Bill Type '17' - PCG MSE (Identified) Recoveries - SFY End9. Bill Type '18' - PCG MSE (Enforcement) Recoveries - SFY End

2.8.129 TPL-1085-Q -- Bill Type '18' - PCG MSE (Enforcement) Recoveries-Quarter End

This report lists the amount recovered from billing records produced through the PCG Adds Process. Details are listed by CCN for batch ranges other than 71 through 75. Bill type '18' billing records are input to this program. Bill Type '18' - PCG MSE (Enforcement) Recoveries-Quarter End report provides member, case detail information and total amounts recovered from the TPL Unit and PCG. The second part of this report lists by county, counts and recovery amounts by the TPL Unit and PCG. The grand totals of these for all counties are also listed.

2.8.129.1 Technical Name

TPL-1085-Q

2.8.129.2 Sort Order

Batch Number, CCN, Member ID

For readability the layout displays on the next page.

2.8.129.3 Bill Type '18' - PCG MSE (Enforcement) Recoveries-Quarter End Layout

Report : TPL-1085-Q
 Process : TPLJQ185
 Location: TPL1080M

COMMONWEALTH OF KENTUCKY
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 BILL TYPE '18' - PCG MSE (ENFORCEMENT) RECOVERIES
 QUARTER ENDING MM/DD/CCYY

Run Date: MM/DD/CCYY
 Run Time: 99:99:99
 Page: 9999

TPL UNIT RECOVERED, CCN BATCH RANGE OTHER THAN 71 - 75

MEMBER ID	MEMBER NAME	CCN	AMOUNT RECOV	ICN	POST DATE	MEMBER CNTY CODE / NAME
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	9,999,999.99	XXXXXXXXXXXX	MM/DD/CCYY	XXX / XXXXXXXX
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	9,999,999.99	XXXXXXXXXXXX	MM/DD/CCYY	XXX / XXXXXXXX
TOTAL TPL UNIT RECOVERED			999,999,999.99			

PCG RECOVERED, CCN BATCH RANGE 71 - 75

MEMBER ID	MEMBER NAME	CCN	AMOUNT RECOV	ICN	POST DATE	MEMBER CNTY CODE / NAME
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	9,999,999.99	XXXXXXXXXXXX	MM/DD/CCYY	XXX / XXXXXXXX
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	9,999,999.99	XXXXXXXXXXXX	MM/DD/CCYY	XXX / XXXXXXXX
TOTAL PCG RECOVERED			999,999,999.99			

DETAIL TOTALS PAGE

TOTAL TPL UNIT RECOVERED 999,999,999.99

TOTAL PCG RECOVERED 999,999,999.99

TOTAL RECOVERED 999,999,999.99

Report : TPL-1085-Q
 Process : TPLJQXXX
 Location: TPLXXXXX

COMMONWEALTH OF KENTUCKY
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 BILL TYPE '18' - PCG MSE (ENFORCEMENT) RECOVERIES
 QUARTER ENDING MM/DD/CCYY

Run Date: MM/DD/CCYY
 Run Time: 99:99:99
 Page: 9999

COUNTY TOTALS PAGE

COUNTY CODE / NAME	TPL UNIT COUNT	TPL UNIT RECOV	PCG COUNT	PCG RECOV	TOTAL COUNT	TOTAL RECOV
XXX / XXXXXXXXXXXX	9999	9,999,999.99	9,999	9,999,999.99	9,999	9,999,999.99
XXX / XXXXXXXXXXXX	9999	9,999,999.99	9,999	9,999,999.99	9,999	9,999,999.99
XXX / XXXXXXXXXXXX	9999	9,999,999.99	9,999	9,999,999.99	9,999	9,999,999.99
ALL COUNTIES	99,999	999,999,999.99	99,999	999,999,999.99	99,999	999,999,999.99

*** END OF REPORT ***

*** NO DATA THIS RUN ***

2.8.129.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
All Counties	All counties.	11	Decimal	N/A	CALCULATED
All Counties (PCG Count)	The total of the PCG count.	5	Number	N/A	CALCULATED
All Counties (PCG Recov)	total of PCG Recov	1	Decimal	N/A	CALCULATED
All Counties (Unit count)	The total of TPL Unit count.	5	Number	N/A	CALCULATED
All Counties (Unit recov)	The total of TPL Unit recovery.	11	Decimal	N/A	CALCULATED
All Counties (total Recov)	Total recov in all counties	11	Decimal	N/A	CALCULATED

Field	Description	Length	Data Type	DB Table	DB Attributes
All Counties (total count)	The total count of all counties.	5	Number	N/A	CALCULATED
Amount Recov	The amount recovered.	9	Decimal	N/A	CALCULATED
CCN	The cash control number.	11	Char	T_ADJ_MASS_CLAIM	CASH_CTL_NO
County Code/ Name	Code and name of County	13	Char	T_RE_BASE	CDE_COUNTY
ICN	The internal control number.	13	Char	T_HIST_DIRECTORY	NUM_ICN_FL
Member CNTY Code / Name	The Member CNTY Code / Name.	10	Char	T_RE_BASE	CDE_COUNTY
Member ID	The Member's Medicaid ID	12	Char	T_RE_BASE	ID_MEDICAID
Member Name	The name of the Member.	29	Char	T_RE_BASE	NAM_LAST
PCG Count	The PCG count.	4	Number	N/A	CALCULATED
PCG Recov	The PCG recovery.	9	Decimal	N/A	CALCULATED
Post Date	The Medicaid post date.	8	Date (MM/DD/CCYY)	T_CASH_RECEIPT	DTE_RECEIPT
TPL Unit Count	The TPL Unit count.	4	Number	N/A	CALCULATED
TPL Unit Recov	The TPL Unit recovery.	9	Decimal	N/A	CALCULATED
Total Count	The total count.	4	Number	N/A	CALCULATED
Total PCG Recovered	The total PCG recovered.	11	Decimal	N/A	CALCULATED
Total Recov	The total recovered per county	11	Decimal	N/A	CALCULATED
Total Recovered	The total recovered.	11	Decimal	N/A	CALCULATED
Total TPL Unit Recovered	The total TPL Unit recovered.	11	Decimal	N/A	CALCULATED

2.8.129.5 Associated Programs

Program	Description
tpl1080m	Bill Type '15' '17' and '18' Reports- PCG Series TPL-108*

2.8.129.6 Associated Requirements

ID
30.090.004.003.1

2.8.129.7 Change Orders

ID	Name	Description
707	Bill Type reports	<p>Create the following reports:</p> <ol style="list-style-type: none">1. Bill Type '15' - PCG Adds Recoveries2. Bill Type '17' - PCG MSE (Identified) Recoveries - Month End3. Bill Type '18' - MSE (Enforcement) Recoveries - Month End4. Bill Type '15' - PCG Adds Recoveries - Quarter End5. Bill Type '17' - PCG MSE (Identified) Recoveries - Quarter End6. Bill Type '18' - PCG MSE (Enforcement) Recoveries - Quarter End7. Bill Type '15' - PCG Adds Recoveries - SFY End8. Bill Type '17' - PCG MSE (Identified) Recoveries - SFY End9. Bill Type '18' - PCG MSE (Enforcement) Recoveries - SFY End

2.8.130 TPL-1086-A -- Bill Type '15' - PCG Adds Recoveries -SFY End

This report lists the amount recovered from billing records produced through the PCG Adds Process. Details are listed by CCN for batch ranges other than 71 through 75. Bill type '15' billing records are input to this program. Bill Type '15' - PCG Adds Recoveries - SFY End report provides member, case detail information and total amounts recovered from the TPL Unit and PCG. The second part of this report lists by county, counts and recovery amounts by the TPL Unit and PCG. The grand totals of these for all counties are also listed.

2.8.130.1 Technical Name

TPL-1086-A

2.8.130.2 Sort Order

Batch Number, CCN, Member ID

For readability the layout displays on the next page.

2.8.130.3 Bill Type '15' - PCG Adds Recoveries -SFY End Layout

Report : TPL-1086-A
 Process : TPLJA186
 Location: TPL1080M

COMMONWEALTH OF KENTUCKY
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 BILL TYPE '15' - PCG ADDS RECOVERIES
 SFY ENDING MM/DD/YY

Run Date: MM/DD/CCYY
 Run Time: 99:99:99
 Page: 9999

TPL UNIT RECOVERED, CCN BATCH RANGE OTHER THAN 71 - 75

MEMBER ID	MEMBER NAME	CCN	AMOUNT RECOV	ICN	POST DATE	MEMBER CNTY CODE / NAME
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	9,999,999.99	XXXXXXXXXXXX	MM/DD/CCYY	XXX / XXXXXXXX
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	9,999,999.99	XXXXXXXXXXXX	MM/DD/CCYY	XXX / XXXXXXXX
TOTAL TPL UNIT RECOVERED			999,999,999.99			

PCG RECOVERED, CCN BATCH RANGE 71 - 75

MEMBER ID	MEMBER NAME	CCN	AMOUNT RECOV	ICN	POST DATE	MEMBER CNTY CODE / NAME
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	9,999,999.99	XXXXXXXXXXXX	MM/DD/CCYY	XXX / XXXXXXXX
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	9,999,999.99	XXXXXXXXXXXX	MM/DD/CCYY	XXX / XXXXXXXX
TOTAL PCG RECOVERED			999,999,999.99			

DETAIL TOTALS PAGE

TOTAL TPL UNIT RECOVERED 999,999,999.99

TOTAL PCG RECOVERED 999,999,999.99

TOTAL RECOVERED 999,999,999.99

Report : TPL-1086-A
 Process : TPLJAXXX
 Location: TPLXXXXX

COMMONWEALTH OF KENTUCKY
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 BILL TYPE '15' - PCG ADDS RECOVERIES
 SFY ENDING MM/DD/YY

Run Date: MM/DD/CCYY
 Run Time: 99:99:99
 Page: 9999

COUNTY TOTALS PAGE

COUNTY CODE / NAME	TPL UNIT COUNT	TPL UNIT RECOV	PCG COUNT	PCG RECOV	TOTAL COUNT	TOTAL RECOV
XXX / XXXXXXXXXXXX	9999	9,999,999.99	9,999	9,999,999.99	9,999	9,999,999.99
XXX / XXXXXXXXXXXX	9999	9,999,999.99	9,999	9,999,999.99	9,999	9,999,999.99
XXX / XXXXXXXXXXXX	9999	9,999,999.99	9,999	9,999,999.99	9,999	9,999,999.99
ALL COUNTIES	99,999	999,999,999.99	99,999	999,999,999.99	99,999	999,999,999.99

*** END OF REPORT ***

*** NO DATA THIS RUN ***

2.8.130.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
All Counties	All counties.	11	Decimal	N/A	CALCULATED
All Counties (PCG Count)	The total of the PCG count.	5	Number	N/A	CALCULATED
All Counties (PCG Recov)	total of PCG Recov	1	Decimal	N/A	CALCULATED
All Counties (Unit count)	The total of TPL Unit count.	5	Number	N/A	CALCULATED
All Counties (Unit recov)	The total of TPL Unit recovery.	11	Decimal	N/A	CALCULATED
All Counties (total Recov)	Total recov in all counties	11	Decimal	N/A	CALCULATED

Field	Description	Length	Data Type	DB Table	DB Attributes
All Counties (total count)	The total count of all counties.	5	Number	N/A	CALCULATED
Amount Recov	The amount recovered.	9	Decimal	N/A	CALCULATED
CCN	The cash control number.	11	Char	T_ADJ_MASS_CLAIM	CASH_CTL_NO
County Code/ Name	Code and name of County	13	Char	T_RE_BASE	CDE_COUNTY
ICN	The internal control number.	13	Char	T_HIST_DIRECTORY	NUM_ICN_FL
Member CNTY Code / Name	The Member CNTY Code / Name.	10	Char	T_RE_BASE	CDE_COUNTY
Member ID	The Member's Medicaid ID	12	Char	T_RE_BASE	ID_MEDICAID
Member Name	The name of the Member.	29	Char	T_RE_BASE	NAM_LAST
PCG Count	The PCG count.	4	Number	N/A	CALCULATED
PCG Recov	The PCG recovery.	9	Decimal	N/A	CALCULATED
Post Date	The Medicaid post date.	8	Date (MM/DD/CCYY)	T_CASH_RECEIPT	DTE_RECEIPT
TPL Unit Count	The TPL Unit count.	4	Number	N/A	CALCULATED
TPL Unit Recov	The TPL Unit recovery.	9	Decimal	N/A	CALCULATED
Total Count	The total count.	4	Number	N/A	CALCULATED
Total PCG Recovered	The total PCG recovered.	11	Decimal	N/A	CALCULATED
Total Recov	The total recovered per county	11	Decimal	N/A	CALCULATED

Field	Description	Length	Data Type	DB Table	DB Attributes
Total Recovered	The total recovered.	11	Decimal	N/A	CALCULATED
Total TPL Unit Recovered	The total TPL Unit recovered.	11	Decimal	N/A	CALCULATED

2.8.130.5 Associated Programs

Program	Description
tpl1080m	Bill Type '15' '17' and '18' Reports- PCG Series TPL-108*

2.8.130.6 Associated Requirements

ID
30.090.004.003.1

2.8.130.7 Change Orders

ID	Name	Description
707	Bill Type reports	<p>Create the following reports:</p> <ol style="list-style-type: none"> 1. Bill Type '15' - PCG Adds Recoveries 2. Bill Type '17' - PCG MSE (Identified) Recoveries - Month End 3. Bill Type '18' - MSE (Enforcement) Recoveries - Month End 4. Bill Type '15' - PCG Adds Recoveries - Quarter End 5. Bill Type '17' - PCG MSE (Identified) Recoveries - Quarter End 6. Bill Type '18' - PCG MSE (Enforcement) Recoveries - Quarter End 7. Bill Type '15' - PCG Adds Recoveries - SFY End 8. Bill Type '17' - PCG MSE (Identified) Recoveries - SFY End 9. Bill Type '18' - PCG MSE (Enforcement) Recoveries - SFY End

2.8.131 TPL-1087-A -- Bill Type '17' - PCG MSE (Identified) Recoveries - SFY End

This report lists the amount recovered from billing records produced through the PCG Adds Process. Details are listed by CCN for batch ranges other than 71 through 75. Bill type '17' billing records are input to this program. Bill Type '17' - PCG MSE (Identified) Recoveries - SFY End report provides member, case detail information and total amounts recovered from the TPL Unit and PCG. The second part of this report lists by county, counts and recovery amounts by the TPL Unit and PCG. The grand totals of these for all counties are also listed.

2.8.131.1 Technical Name

TPL-1087-A

2.8.131.2 Sort Order

Batch Number, CCN, Member ID

For readability the layout displays on the next page.

2.8.131.3 Bill Type '17' - PCG MSE (Identified) Recoveries - SFY End Layout

Report : TPL-1087-A
Process : TPLJA187
Location: TPL1080M

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
BILL TYPE '17' - PCG MSE (IDENTIFIED) RECOVERIES - SFY END
SFY ENDING MM/DD/YY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 9999

TPL UNIT RECOVERED, CCN BATCH RANGE OTHER THAN 71 - 75

MEMBER ID	MEMBER NAME	CCN	AMOUNT RECOV	ICN	POST DATE	MEMBER CNTY CODE / NAME
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	9,999,999.99	XXXXXXXXXXXX	MM/DD/CCYY	XXX / XXXXXXXX
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	9,999,999.99	XXXXXXXXXXXX	MM/DD/CCYY	XXX / XXXXXXXX
TOTAL TPL UNIT RECOVERED			999,999,999.99			

PCG RECOVERED, CCN BATCH RANGE 71 - 75

MEMBER ID	MEMBER NAME	CCN	AMOUNT RECOV	ICN	POST DATE	MEMBER CNTY CODE / NAME
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	9,999,999.99	XXXXXXXXXXXX	MM/DD/CCYY	XXX / XXXXXXXX
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	9,999,999.99	XXXXXXXXXXXX	MM/DD/CCYY	XXX / XXXXXXXX
TOTAL PCG RECOVERED			999,999,999.99			

DETAIL TOTALS PAGE

TOTAL TPL UNIT RECOVERED 999,999,999.99

TOTAL PCG RECOVERED 999,999,999.99

TOTAL RECOVERED 999,999,999.99

Report : TPL-1087-A
 Process : TPLJAXXX
 Location: TPLXXXXX

COMMONWEALTH OF KENTUCKY
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 BILL TYPE '17' - PCG MSE (IDENTIFIED) RECOVERIES - SFY END
 SFY ENDING MM/DD/YY

Run Date: MM/DD/CCYY
 Run Time: 99:99:99
 Page: 9999

COUNTY TOTALS PAGE

COUNTY CODE / NAME	TPL UNIT COUNT	TPL UNIT RECOV	PCG COUNT	PCG RECOV	TOTAL COUNT	TOTAL RECOV
XXX / XXXXXXXXXXXX	9999	9,999,999.99	9,999	9,999,999.99	9,999	9,999,999.99
XXX / XXXXXXXXXXXX	9999	9,999,999.99	9,999	9,999,999.99	9,999	9,999,999.99
XXX / XXXXXXXXXXXX	9999	9,999,999.99	9,999	9,999,999.99	9,999	9,999,999.99
ALL COUNTIES	99,999	999,999,999.99	99,999	999,999,999.99	99,999	999,999,999.99

*** END OF REPORT ***

*** NO DATA THIS RUN ***

2.8.131.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
All Counties	All counties.	11	Decimal	N/A	CALCULATED
All Counties (PCG Count)	The total of the PCG count.	5	Number	N/A	CALCULATED
All Counties (PCG Recov)	total of PCG Recov	1	Decimal	N/A	CALCULATED
All Counties (Unit count)	The total of TPL Unit count.	5	Number	N/A	CALCULATED
All Counties (Unit recov)	The total of TPL Unit recovery.	11	Decimal	N/A	CALCULATED
All Counties (total Recov)	Total recov in all counties	11	Decimal	N/A	CALCULATED

Field	Description	Length	Data Type	DB Table	DB Attributes
All Counties (total count)	The total count of all counties.	5	Number	N/A	CALCULATED
Amount Recov	The amount recovered.	9	Decimal	N/A	CALCULATED
CCN	The cash control number.	11	Char	T_ADJ_MASS_CLAIM	CASH_CTL_NO
County Code/ Name	Code and name of County	13	Char	T_RE_BASE	CDE_COUNTY
ICN	The internal control number.	13	Char	T_HIST_DIRECTORY	NUM_ICN_FL
Member CNTY Code / Name	The Member CNTY Code / Name.	10	Char	T_RE_BASE	CDE_COUNTY
Member ID	The Member's Medicaid ID	12	Char	T_RE_BASE	ID_MEDICAID
Member Name	The name of the Member.	29	Char	T_RE_BASE	NAM_LAST
PCG Count	The PCG count.	4	Number	N/A	CALCULATED
PCG Recov	The PCG recovery.	9	Decimal	N/A	CALCULATED
Post Date	The Medicaid post date.	8	Date (MM/DD/CCYY)	T_CASH_RECEIPT	DTE_RECEIPT
TPL Unit Count	The TPL Unit count.	4	Number	N/A	CALCULATED
TPL Unit Recov	The TPL Unit recovery.	9	Decimal	N/A	CALCULATED
Total Count	The total count.	4	Number	N/A	CALCULATED
Total PCG Recovered	The total PCG recovered.	11	Decimal	N/A	CALCULATED
Total Recov	The total recovered per county	11	Decimal	N/A	CALCULATED

Field	Description	Length	Data Type	DB Table	DB Attributes
Total Recovered	The total recovered.	11	Decimal	N/A	CALCULATED
Total TPL Unit Recovered	The total TPL Unit recovered.	11	Decimal	N/A	CALCULATED

2.8.131.5 Associated Programs

Program	Description
tpl1080m	Bill Type '15' '17' and '18' Reports- PCG Series TPL-108*

2.8.131.6 Associated Requirements

ID
30.090.004.003.1

2.8.131.7 Change Orders

ID	Name	Description
707	Bill Type reports	<p>Create the following reports:</p> <ol style="list-style-type: none"> 1. Bill Type '15' - PCG Adds Recoveries 2. Bill Type '17' - PCG MSE (Identified) Recoveries - Month End 3. Bill Type '18' - MSE (Enforcement) Recoveries - Month End 4. Bill Type '15' - PCG Adds Recoveries - Quarter End 5. Bill Type '17' - PCG MSE (Identified) Recoveries - Quarter End 6. Bill Type '18' - PCG MSE (Enforcement) Recoveries - Quarter End 7. Bill Type '15' - PCG Adds Recoveries - SFY End 8. Bill Type '17' - PCG MSE (Identified) Recoveries - SFY End 9. Bill Type '18' - PCG MSE (Enforcement) Recoveries - SFY End

2.8.132 TPL-1088-A -- Bill Type '18' - PCG MSE (Enforcement) Recoveries - SFY End

This report lists the amount recovered from billing records produced through the PCG Adds Process. Details are listed by CCN for batch ranges other than 71 through 75. Bill type '18' billing records are input to this program. Bill Type '18' - PCG MSE (Enforcement) Recoveries - SFY End report provides member, case detail information and total amounts recovered from the TPL Unit and PCG. The second part of this report lists by county, counts and recovery amounts by the TPL Unit and PCG. The grand totals of these for all counties are also listed.

2.8.132.1 Technical Name

TPL-1088-A

2.8.132.2 Sort Order

Batch Number, CCN, Member ID

For readability the layout displays on the next page.

2.8.132.3 Bill Type '18' - PCG MSE (Enforcement) Recoveries - SFY End Layout

Report : TPL-1088-A
 Process : TPLJA188
 Location: TPL1080M

COMMONWEALTH OF KENTUCKY
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 BILL TYPE '18' - PCG MSE (ENFORCEMENT) RECOVERIES - SFY END
 SFY ENDING MM/DD/YY

Run Date: MM/DD/CCYY
 Run Time: 99:99:99
 Page: 9999

TPL UNIT RECOVERED, CCN BATCH RANGE OTHER THAN 71 - 75

MEMBER ID	MEMBER NAME	CCN	AMOUNT RECOV	ICN	POST DATE	MEMBER CNTY CODE / NAME
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	9,999,999.99	XXXXXXXXXXXX	MM/DD/CCYY	XXX / XXXXXXXX
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	9,999,999.99	XXXXXXXXXXXX	MM/DD/CCYY	XXX / XXXXXXXX

TOTAL TPL UNIT RECOVERED 999,999,999.99

PCG RECOVERED, CCN BATCH RANGE 71 - 75

MEMBER ID	MEMBER NAME	CCN	AMOUNT RECOV	ICN	POST DATE	MEMBER CNTY CODE / NAME
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	9,999,999.99	XXXXXXXXXXXX	MM/DD/CCYY	XXX / XXXXXXXX
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	9,999,999.99	XXXXXXXXXXXX	MM/DD/CCYY	XXX / XXXXXXXX

TOTAL PCG RECOVERED 999,999,999.99

DETAIL TOTALS PAGE

TOTAL TPL UNIT RECOVERED 999,999,999.99

TOTAL PCG RECOVERED 999,999,999.99

TOTAL RECOVERED 999,999,999.99

Report : TPL-1088-A
 Process : TPLJAXXX
 Location: TPLXXXXX

COMMONWEALTH OF KENTUCKY
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 BILL TYPE '18' - PCG MSE (ENFORCEMENT) RECOVERIES - SFY END
 SFY ENDING MM/DD/YY

Run Date: MM/DD/CCYY
 Run Time: 99:99:99
 Page: 9999

COUNTY TOTALS PAGE

COUNTY CODE / NAME	TPL UNIT COUNT	TPL UNIT RECOV	PCG COUNT	PCG RECOV	TOTAL COUNT	TOTAL RECOV
XXX / XXXXXXXXXXXX	9999	9,999,999.99	9,999	9,999,999.99	9,999	9,999,999.99
XXX / XXXXXXXXXXXX	9999	9,999,999.99	9,999	9,999,999.99	9,999	9,999,999.99
XXX / XXXXXXXXXXXX	9999	9,999,999.99	9,999	9,999,999.99	9,999	9,999,999.99
ALL COUNTIES	99,999	999,999,999.99	99,999	999,999,999.99	99,999	999,999,999.99

*** END OF REPORT ***

2.8.132.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
All Counties	All counties.	11	Decimal	N/A	CALCULATED
All Counties (PCG Count)	The total of the PCG count.	5	Number	N/A	CALCULATED
All Counties (PCG Recov)	total of PCG Recov	1	Decimal	N/A	CALCULATED
All Counties (Unit count)	The total of TPL Unit count.	5	Number	N/A	CALCULATED
All Counties (Unit recov)	The total of TPL Unit recovery.	11	Decimal	N/A	CALCULATED
All Counties (total Recov)	Total recov in all counties	11	Decimal	N/A	CALCULATED

Field	Description	Length	Data Type	DB Table	DB Attributes
All Counties (total count)	The total count of all counties.	5	Number	N/A	CALCULATED
Amount Recov	The amount recovered.	9	Decimal	N/A	CALCULATED
CCN	The cash control number.	11	Char	T_ADJ_MASS_CLAIM	CASH_CTL_NO
County Code/ Name	Code and name of County	13	Char	T_RE_BASE	CDE_COUNTY
ICN	The internal control number.	13	Char	T_HIST_DIRECTORY	NUM_ICN_FL
Member CNTY Code / Name	The Member CNTY Code / Name.	10	Char	T_RE_BASE	CDE_COUNTY
Member ID	The Member's Medicaid ID	12	Char	T_RE_BASE	ID_MEDICAID
Member Name	The name of the Member.	29	Char	T_RE_BASE	NAM_LAST
PCG Count	The PCG count.	4	Number	N/A	CALCULATED
PCG Recov	The PCG recovery.	9	Decimal	N/A	CALCULATED
Post Date	The Medicaid post date.	8	Date (MM/DD/CCYY)	T_CASH_RECEIPT	DTE_RECEIPT
TPL Unit Count	The TPL Unit count.	4	Number	N/A	CALCULATED
TPL Unit Recov	The TPL Unit recovery.	9	Decimal	N/A	CALCULATED
Total Count	The total count.	4	Number	N/A	CALCULATED
Total PCG Recovered	The total PCG recovered.	11	Decimal	N/A	CALCULATED
Total Recov	The total recovered per county	11	Decimal	N/A	CALCULATED

Field	Description	Length	Data Type	DB Table	DB Attributes
Total Recovered	The total recovered.	11	Decimal	N/A	CALCULATED
Total TPL Unit Recovered	The total TPL Unit recovered.	11	Decimal	N/A	CALCULATED

2.8.132.5 Associated Programs

Program	Description
tpl1080m	Bill Type '15' '17' and '18' Reports- PCG Series TPL-108*

2.8.132.6 Associated Requirements

ID
30.090.004.003.1

2.8.132.7 Change Orders

ID	Name	Description
4356	TPL 1088 A	TPL-1088-A does not have SFY End in the Header of the report in On Base as indicated by the PWB
707	Bill Type reports	<p>Create the following reports:</p> <ol style="list-style-type: none"> 1. Bill Type '15' - PCG Adds Recoveries 2. Bill Type '17' - PCG MSE (Identified) Recoveries - Month End 3. Bill Type '18' - MSE (Enforcement) Recoveries - Month End 4. Bill Type '15' - PCG Adds Recoveries - Quarter End 5. Bill Type '17' - PCG MSE (Identified) Recoveries - Quarter End 6. Bill Type '18' - PCG MSE (Enforcement) Recoveries - Quarter End 7. Bill Type '15' - PCG Adds Recoveries - SFY End 8. Bill Type '17' - PCG MSE (Identified) Recoveries - SFY End 9. Bill Type '18' - PCG MSE (Enforcement) Recoveries - SFY End

2.8.133 TPL-1110-R -- Medicare-TriCare Current

This report identifies all billing records produced from the PCG Medicare/TriCare Tape. Medicare-TriCare Current report provides information on member, ICN, carrier, provider of enrollment periods and billed amounts.

2.8.133.1 Technical Name

TPL-1110-R

2.8.133.2 Sort Order

Member ID

2.8.133.3 Medicare-TriCare Current Layout

```
Report : TPL-1110-R
Process : TPLJR110
Location: TPLXXXXX
```

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICARE/TRICARE CURRENT REPORT

```
Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 9999
```

MEMBER ID ICN CARRIER ID	MEMBER NAME POLICY HOLDER POLICY NUMBER	PROVIDER NUMBER	START DATE	STOP DATE	BILLED AMT
XXXXXXXXXXXXX XXXXXXXXXXXXX XXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY	9,999,999.99
TOTAL RECORDS PRINTED		999,999,999			

*** END OF REPORT ***

*** NO DATA THIS RUN ***

2.8.133.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Billed Amt	The billing amount.	9	Decimal	N/A	CALCULATED FIELD
Carrier ID	The Carrier number.	7	Char	T_TPL_CARRIER	CDE_CARRIER
ICN	The internal control number.	13	Char	NUM_ICN_FL	T_HIST_DIRECTORY

Field	Description	Length	Data Type	DB Table	DB Attributes
Member ID	The Member's Medicaid ID	12	Char	T_RE_BASE	ID_MEDICAID
Member Name	The name of the Member.	29	Char	T_RE_BASE	NAM_LAST, NAM_FIRST,NAM_MID_INT
Policy Holder	The name of the policy holder.	29	Char	T_POLICY_HOLDER	NAM_LAST, NAM_FIRST,NAM_MID_INT
Policy Number	The TPL Policy Number	16	Char	T_TPL_RESOURCE	NUM_TPL_POLICY
Provider Number	The Provider number.	9	Char	T_PR_PROV	ID_PROVIDER
Start Date	The start date of the service.	8	Date (MM/DD/CC YY)	T_HIST_DIRECTORY	DTE_FIRST_SVC
Stop Date	The stop date of the service.	8	Date (MM/DD/CC YY)	T_HIST_DIRECTORY	DTE_TO_DATE
Total Records Printed	The total of the records printed.	11	Decimal	N/A	CALCULATED FIELD

2.8.133.5 Associated Programs

Program	Description
tpl1110r	Medicare and Datamatch Billings
copy2routedir	Copy Reports to Router

2.8.133.6 Associated Requirements

ID
30.090.004.003.1
30.090.004.004.7

2.8.133.7 Change Orders

ID	Name	Description
373	Interface with PCG Billing Info	Create a process to accept billing information from PCG.

2.8.134 TPL-1111-R -- Medicare-TriCare Rejected Transactions

This report identifies all rejected records from the PCG Medicare/TriCare Tape. Medicare-TriCare Rejected Transactions provides information on member, billed amount, policy and error while totaling various record counts.

2.8.134.1 Technical Name

TPL-1111-R

2.8.134.2 Sort Order

Member ID

2.8.134.3 Medicare-TriCare Rejected Transactions Layout

```

Report   : TPL-1111-R
Process  : TPLJR110
Location : TPLXXXXX

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICARE/TRICARE REJECTED TRANSACTIONS

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page:    9999

MEMBER ID      CARRIER ID      ICN      MEMBER NAME      POLICY NUMBER      BILLED AMT      ERROR MSG
-----
XXXXXXXXXXXXXX XXXXXXXX      XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXX 9,999,999.99 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXX XXXXXXXX      XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXX 9,999,999.99 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TOTAL RECORDS REJECTED :      9999      * BREAK DOWN COUNTS *
TOTAL RECORDS NO HISTORY:      9999
TOTAL BEEN CREDITED    :      9999
TOTAL INVALID CLAIMS   :      9999
TOTAL ALREADY ON BILLING:      9999
TOTAL CARRIER NOT AUTH :      9999
P00000 CARRIERS REJECTED:      9999
REC 1 NOT CARRIER 109700:      9999
COST AVOID INDICATOR 2 :      9999

*** END OF REPORT ***

*** NO DATA THIS RUN ***

```

2.8.134.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Billed Amt	The billing amount.	9	Decimal	N/A	CALCULATED FIELD
Carrier ID	The Carrier number.	7	Char	T_TPL_CARRIER	CDE_CARRIER

Field	Description	Length	Data Type	DB Table	DB Attributes
Cost Avoid Indicator 2	Cost Avoidance Carrier Indicator 2	4	Number	N/A	CALCULATED FIELD
Error Msg	The error message.	19	Char	T_ERROR_DISP	DSC_ERROR_STAT
ICN	The internal control number.	13	Char	NUM_ICN_FL	T_HIST_DIRECTORY
Member ID	The Member's Medicaid ID	12	Char	T_RE_BASE	ID_MEDICAID
Member Name	The name of the Member.	29	Char	T_RE_BASE	NAM_LAST, NAM_FIRST
P000000 Carrier Rejected	Total number of P000000 Carriers that were Rejected	4	Number	N/A	CALCULATED FIELD
Policy Number	The TPL Policy number	16	Char	T_TPL_RESOURCE	NUM_TPL_POLICY
Rec 1 Not Carrier 109700	Record 1 Not Carrier Rejected	4	Number	N/A	CALCULATED FIELD
Total Already On Billing	The total already on billing.	4	Number	N/A	CALCULATED FIELD
Total Been Credited	The total been credited.	4	Number	N/A	CALCULATED FIELD
Total Carrier Not Auth	Total Carrier Not Authorized	4	Number	N/A	CALCULATED FIELD
Total Invalid Claims	The total invalid claims.	4	Number	N/A	CALCULATED FIELD
Total Records No History	The total of the records no history.	4	Number	N/A	CALCULATED FIELD
Total Records Rejected	The total of the records rejected.	4	Number	N/A	CALCULATED FIELD

2.8.134.5 Associated Programs

Program	Description
tpl1110r	Medicare and Datamatch Billings
copy2routedir	Copy Reports to Router

2.8.134.6 Associated Requirements

ID
30.090.004.003.1
30.090.004.004.7

2.8.134.7 Change Orders

ID	Name	Description
373	Interface with PCG Billing Info	Create a process to accept billing information from PCG.

2.8.135 TPL-1112-R -- TPL Contractor Datamatch Billings

This report identifies all records that were added to the TPL Billings table from the PCG Datamatch Update Tape. TPL Contractor Datamatch Billings report provides information on member, ICN, carrier, provider of enrollment periods and billed amounts.

2.8.135.1 Technical Name

TPL-1112-R

2.8.135.2 Sort Order

Member ID

2.8.135.3 TPL Contractor Datamatch Billings Layout

Report : TPL-1112-R
Process : TPLJR110
Location: TPLXXXXX

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
TPL CONTRACTOR DATAMATCH BILLINGS REPORT

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 9999

MEMBER ID ICN CARRIER ID	MEMBER NAME POLICY HOLDER POLICY NUMBER	PROVIDER NUMBER	START DATE	STOP DATE	BILLED AMT
XXXXXXXXXXXXX XXXXXXXXXXXXX XXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY	9,999,999.99
TOTAL RECORDS PRINTED		999,999,999.99			

*** END OF REPORT ***

*** NO DATA THIS RUN ***

2.8.135.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Billed Amt	The billing amount.	9	Decimal	N/A	CALCULATED FIELD
Carrier ID	The Carrier number.	7	Char	T_TPL_CARRIER	CDE_CARRIER
ICN	The internal control number.	13	Char	NUM_ICN_FL	T_HIST_DIRECTORY
Member ID	The Member's Medicaid ID	12	Char	T_RE_BASE	ID_MEDICAID

Field	Description	Length	Data Type	DB Table	DB Attributes
Member Name	The name of the Member.	29	Char	T_RE_BASE	NAM_LAST, NAM_FIRST
Policy Holder	The name of the policy holder.	29	Char	T_POLICY_HOLDER	NAM_LAST, NAM_FIRST,NAM_MID_INT
Policy Number	The TPL Policy number	16	Char	T_TPL_RESOURCE	NUM_TPL_POLICY
Provider Number	The Provider number.	9	Char	T_PR_PROV	ID_PROVIDER
Start Date	The start date of the service.	8	Date (MM/DD/CC YY)	T_HIST_DIRECTORY	DTE_FIRST_SVC
Stop Date	The stop date of the service.	8	Date (MM/DD/CC YY)	T_HIST_DIRECTORY	DTE_TO_DATE
Total Records Printed	The total of the records printed.	11	Decimal	N/A	CALCULATED FIELD

2.8.135.5 Associated Programs

Program	Description
tpl1110r	Medicare and Datamatch Billings
tpl1110r	Medicare and Datamatch Billings
copy2routedir	Copy Reports to Router

2.8.135.6 Associated Requirements

ID
30.090.004.003.1
30.090.004.004.7

2.8.135.7 Change Orders

ID	Name	Description
373	Interface with PCG Billing Info	Create a process to accept billing information from PCG.

2.8.136 TPL-1113-R -- TPL Contractor Datamatch Rejected Billings

This report identifies all rejected records from the PCG Datamatch Update Tape. TPL Contractor Datamatch Rejected Billings report provides information on member, billed amount, policy and error while totaling various record counts.

2.8.136.1 Technical Name

TPL-1113-R

2.8.136.2 Sort Order

Member ID

2.8.136.3 TPL Contractor Datamatch Rejected Billings Layout

Report : TPL-1113-R	COMMONWEALTH OF KENTUCKY	Run Date: MM/DD/CCYY
Process : TPLJR110	MEDICAID MANAGEMENT INFORMATION SYSTEM	Run Time: 99:99:99
Location: TPLXXXXX	TPL CONTRACTOR DATAMATCH REJECTED BILLINGS	Page: 9999

MEMBER ID	CARRIER ID	ICN	MEMBER NAME	POLICY NUMBER	BILLED AMT	ERROR MSG
XXXXXXXXXXXXXX	XXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	9,999,999.99	XXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXX	XXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	9,999,999.99	XXXXXXXXXXXXXXXXXXXXXX
TOTAL RECORDS REJECTED : 9999 * BREAK DOWN COUNTS * TOTAL RECORDS NO HISTORY: 9999 TOTAL BEEN CREDITED : 9999 TOTAL INVALID CLAIMS : 9999 TOTAL ALREADY ON BILLING: 9999 TOTAL CARRIER NOT AUTH : 9999 P00000 CARRIERS REJECTED: 9999 REC CD 4 IS CARR 109700 : 9999 TOTAL INVALID RECORD CD : 9999 COST AVOID INDICATOR N : 9999 TOTAL JULIAN DATE ERROR : 9999 TOTAL CLAIM NOT IN HIST : 9999 REC CD 4 INVALID CARRIER: 9999 TOTAL MEMBER NOT FOUND : 9999						

*** END OF REPORT ***

*** NO DATA THIS RUN ***

2.8.136.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Billed Amt	The billing amount.	9	Decimal	N/A	CALCULATED FIELD
Carrier ID	The Carrier number.	7	Char	T_TPL_CARRIER	CDE_CARRIER
Cost Avoid Indicator N	Total number with Cost Avoid Indicator N	4	Number	N/A	CALCULATED FIELD
Error Msg	Rejection error message	19	Char	T_ERROR_DISP	DSC_ERROR_STAT
ICN	The internal control number.	13	Char	NUM_ICN_FL	T_HIST_DIRECTORY
Member ID	The Member's Medicaid ID	12	Char	T_RE_BASE	ID_MEDICAID
Member Name	The name of the Member.	29	Char	T_RE_BASE	NAM_LAST, NAM_FIRST
P00000 Carriers Rejected	The total P00000 Carriers Rejected	4	Number	N/A	CALCULATED FIELD
Policy Number	The TPL Policy number	16	Char	T_TPL_RESOURCE	NUM_TPL_POLICY
Rec CD 4 IS Carr 109700	The total Rec CD 4 IS Carr 109700	4	Number	N/A	CALCULATED FIELD
Rec CD 4 Invalid Carrier	Total with Rec CD 4 Invalid Carrier	4	Number	N/A	CALCULATED FIELD
Total Been Credited	The total of records been credited	4	Number	N/A	CALCULATED FIELD

Field	Description	Length	Data Type	DB Table	DB Attributes
Total Carrier Not Auth	The total Carrier not authorized	4	Number	N/A	CALCULATED FIELD
Total Claim Not in Hist	Total Claim Not in Hist	4	Number	N/A	CALCULATED FIELD
Total Invalid Claims	The total number of invalid claims	4	Number	N/A	CALCULATED FIELD
Total Invalid Record CD	Total Invalid Record CD	4	Number	N/A	CALCULATED FIELD
Total Julian Date Error	Total with Julian Date Error	4	Number	N/A	CALCULATED FIELD
Total Member Not Found	Total Member Not Found	4	Number	N/A	CALCULATED FIELD
Total Records Rejected	The total of the records rejected.	4	Number	N/A	CALCULATED FIELD
Total already on Billing	The total number of claims on billing	4	Number	N/A	CALCULATED FIELD
Total records No History	The total of records without history	4	Number	N/A	CALCULATED FIELD

2.8.136.5 Associated Programs

Program	Description
tpl1110r	Medicare and Datamatch Billings
tpl1110r	Medicare and Datamatch Billings
copy2routedir	Copy Reports to Router

2.8.136.6 Associated Requirements

ID
30.090.004.003.1
30.090.004.004.7

2.8.136.7 Change Orders

ID	Name	Description
373	Interface with PCG Billing Info	Create a process to accept billing information from PCG.

2.8.137 TPL-1120-Q -- TPL Carriers With More Than 100 Claims Per Year

This report displays the carriers with more than one hundred claims per year. These carriers receive letter soliciting current information for the member.

2.8.137.1 Technical Name

TPL-1120-Q

2.8.137.2 Sort Order

Carrier ID

2.8.137.3 TPL Carriers With More Than 100 Claims Per Year Layout

Report : TPL-1120-Q

Process : TPLJQ212

Location: TPLQ1120

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
CARRIERS WITH MORE THAN 100 CLAIMS PER YEAR
QUARTER ENDING MM/DD/CCYY

Run Date: MM/DD/CCYY

Run Time: 99:99:99

Page: 9999

CARRIER ID	CLAIM CNT
XXXXXXX	999
XXXXXXX	999
XXXXXXX	999

CARRIER COUNT ==> 999

*** END OF REPORT ***

*** NO DATA THIS RUN ***

2.8.137.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Carrier Count	The carrier count.	3	Number	N/A	CALCULATED
Carrier ID	The Carrier number.	7	Char	T_TPL_CARRIER	CDE_CARRIER
Claim Cnt	The claim count.	3	Number	N/A	CALCULATED

2.8.137.5 Associated Programs

Program	Description
tpl1120q	TPL Carriers With More Than 100 Claims Per Year TPL-1120-Q

2.8.137.6 Associated Requirements

ID
30.090.004.003.1

2.8.137.7 Change Orders

ID	Name	Description
4106	TPL-1120 Q-Rpt. Appearance Discr	TPL-1120-Q Last line of the report header's spacing is off. PWB has the title all in one line and OnBase has 'ending mm/dd/ccyy' carrying over to the next line.
784	TPL Carrier report	Create TPL Carriers With More Than 100 Claims Per Year.

2.8.138.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Carrier ID	The carrier number	7	Char	T_TPL_CARRIER	CDE_CARRIER
Carrier Name	The name of the carrier.	45	Char	T_TPL_CARRIER	NAM_BUS
Group	The group	16	Char	T_TPL_RESOURCE	NUM_GROUP
Member ID	The Member's Medicaid ID	12	Char	T_RE_BASE	ID_MEDICAID
Member Name (NAM_LAST+space+ NAM_FIRST+space+NAM _MID_INIT)	The name of the Member.	38	Char	T_RE_BASE	(see FIELD NAME)
Policy No.	The number to identify the policy.	16	Char	T_TPL_RESOURCE	NUM_TPL_POLICY
PolicyHolder (NAM_LAST+space+ NAM_FIRST+space+NAM _MID_INIT)	The name of the policy holder.	38	Char	T_POLICY_HOLDER or T_RE_BASE	(see FIELD NAME)
Rel	The relationship.	1	Char	T_TPL_RESOURCE	CDE_RELATION
Total Resources Updated	The total number of resources updated (output to report).	7	Number	N/A	CALCULATED

2.8.138.5 Associated Programs

Program	Description
tpl1140w	Manually Verified TPL Resources TPL-1140-W

Program	Description
tpl1140w	Manually Verified TPL Resources TPL-1140-W

2.8.138.6 Associated Requirements

ID
30.090.004.003.1
30.090.004.003.5

2.8.138.7 Change Orders

ID	Name	Description
4109	TPL-1140W rpt. Appear. Discrep.	TPL-1140-W Member ID and Name heading in a column together and Carrier ID and Name heading in a column together, PWB has the column headings in columns by their selves.
5112	TPL-1140-W (PWB)	The Column headings out of order in the TPL-1140-W according to the PWB. The PWB Lists them as, Policyholder, Rel, Group and in OnBase it goes Group, Policyholder and Rel.
624	TPL Resources Manually Verified	Create a report of TPL resources manually updated to verified.

2.8.139 TPL-1150-W -- HIPP No Premium Request Received in 90 Days

This report lists HIPP cases for which no premium request has been received in the last 90 days. HIPP No Premium Requested Received in 90 Days report provides various information on member and premium dates.

2.8.139.1 Technical Name

TPL-1150-W

2.8.139.2 Sort Order

Member ID

2.8.139.3 HIPP No Premium Request Received in 90 Days Layout

```

Report   : TPL-1150-W                COMMONWEALTH OF KENTUCKY           Run Date: MM/DD/CCYY
Process  : TPLJW215                 MEDICAID MANAGEMENT INFORMATION SYSTEM   Run Time: 99:99:99
Location: TPL1150W                 HIPP NO PREMIUM REQUEST RECIEVED IN LAST 90 DAYS   Page: 9999

```

HIPP ID	CASE LAST NAME	FIRST NAME	DATE OF LAST PREMIUM PAYMENT	PREMIUM PMT BEGIN DATE	USER ID
XXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY	XXXXXXXXXX
XXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY	XXXXXXXXXX
XXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY	XXXXXXXXXX
XXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY	XXXXXXXXXX

*** END OF REPORT ***

*** NO DATA THIS RUN ***

2.8.139.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Case Last Name	The last name of the primary party, or employed party, associated with this HIPP case.	15	Char	T_RE_BASE/T_POLICY_HOLDER	NAM_LAST
Date Of Last Premium Payment	The date for which the last premium payment was requested.	8	Date (MM/DD/CCYY)	T_HIPP_RESOURCE	DTE_LAST_PAYMEN T

Field	Description	Length	Data Type	DB Table	DB Attributes
First Name	The first name of the primary party, or employed party, associated with this HIPP case.	13	Char	T_RE_BASE/T_POLICY_HOLDER	NAM_FIRST
HIPP ID	The unique identification key assigned to a HIPP case.	9	Char	T_HIPP_RESOURCE	SAK_HIPP
Premium PMT Begin Date	The date on which premium payments may begin.	8	Date (MM/DD/CCYY)	T_HIPP_RESOURCE	DTE_EFFECTIVE
User ID	The TPL user ID.	8	Char	A_T_HIPP_RESOURCE	NAM_USER

2.8.139.5 Associated Programs

Program	Description
tpl1150w	HIPP No Premium Requested Received in 90 Days TPL-1150-W
copy2routedir	Copy Reports to Router

2.8.139.6 Associated Requirements

ID
30.050.004.002.18
30.090.004.002.21
30.090.004.003.1

2.8.139.7 Change Orders

ID	Name	Description
4249	REL2 - Modify tpl1150w	Add functionality to tpl1150w so that if it's been 60 days since the last request for a premium payment, letter TPL-9513-R is generated.
631	HIPP No Premium report	Create HIPP No Premium Requested Received in 90 Days Report

2.8.140 TPL-1180-W -- HIPP Management

This report lists totals related to weekly HIPP processing.

2.8.140.1 Technical Name

TPL-1180-W

2.8.140.2 Sort Order

N/A – Totals Only

2.8.140.3 HIPP Management Layout

Report : TPL-1180-W
Process : TPLJW180
Location: TPL1180W

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
HIPP MANAGEMENT REPORT
WEEKLY DATE RANGE: MM/DD/CCYY - MM/DD/CCYY

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page: 9999

TOTAL CASES CLOSED:	99,999
TOTAL CASES DENIED:	99,999
TOTAL CASES ADDED:	99,999
TOTAL NUMBER OF PREMIUMS PAID:	99,999
TOTAL PREMIUM AMOUNT:	99,999,999.99
TOTAL NUMBER PROCESSING FEES PAID:	99,999
TOTAL PROCESSING FEE AMOUNT PAID:	99,999,999.99
TOTAL NUMBER OF EXAM FEES PAID:	99,999
TOTAL AMOUNT OF EXAM FEES PAID:	99,999,999.99
TOTAL AMOUNT OF ALL PAYMENTS:	99,999,999.99
TOTAL CASES PENDING:	99,999
TOTAL CASES IN PREMIUM PAYMENT STATUS:	99,999
YTD TOTAL OF ALL PAYMENTS:	99,999,999.99

*** END OF REPORT ***

*** NO DATA THIS RUN ***

2.8.140.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Total Amount Of All Payments	The total dollar amount of all payments made in the HIPP program during the week.	10	Decimal	N/A	CALCULATED FIELD
Total Amount Of Exam Fees Paid	The total dollar amount of all exam fees paid during the week.	5	Number	N/A	CALCULATED FIELD
Total Cases Added	The total number of HIPP cases added during this week.	5	Number	N/A	CALCULATED FIELD
Total Cases Closed	The total number of HIPP cases closed during the week.	5	Number	N/A	CALCULATED FIELD
Total Cases Denied	The total number of HIPP cases denied during this week.	5	Number	N/A	CALCULATED FIELD
Total Cases In Premium Payment Status	The total number of HIPP cases in a premium payment status.	5	Number	N/A	CALCULATED FIELD
Total Cases Pending	The total number of HIPP cases in pending status.	5	Number	N/A	CALCULATED FIELD
Total Number Of Exam Fees Paid	The total number of exam fees paid during the week.	5	Number	N/A	CALCULATED FIELD
Total Number Of Premiums Paid	The total number of premium payments made during the week.	5	Number	N/A	CALCULATED FIELD

Field	Description	Length	Data Type	DB Table	DB Attributes
Total Number Processing Fees Paid	The total number of processing fees paid during this week.	5	Number	N/A	CALCULATED FIELD
Total Premium Amount	The total dollar amount of all premium payments made during the week.	10	Decimal	N/A	CALCULATED FIELD
Total Processing Fee Amount Paid	The total dollar amount of all processing fees paid during the week.	10	Decimal	N/A	CALCULATED FIELD
YTD Total Of All Payments	The year-to-date total of all payments made on behalf of the HIPP program.	10	Decimal	N/A	CALCULATED FIELD

2.8.140.5 Associated Programs

Program	Description
tpl1180w	HIPP Management TPL-1180-W

2.8.140.6 Associated Requirements

ID
30.050.004.002.18
30.090.004.002.21
30.090.004.003.1

2.8.140.7 Change Orders

ID	Name	Description
3365	REL2-T_HIPP_EXPEND_XREF Batch	The table t_hipp_expend_xref will include the sak_short field as part of the primary key. Research and update batch code if necessary.

ID	Name	Description
691	HIP Management report	Create KHIPPS Management report.

2.8.141 TPL-1185-D -- HIPP Duplicate Active Member ID Report

Lists KHIPPS cases in pending or premium payment status which have the same member number as other cases which are also in pending or premium payment status.

2.8.141.1 Technical Name

TPL-1185-D

2.8.141.2 Sort Order**2.8.141.3 HIPP Duplicate Active Member ID Report Layout**

```

Report   : TPL-1185-D
Process  : TPLJD185
Location : TPL1185D

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
HIPP DUPLICATE ACTIVE MEMBER ID REPORT

Run Date: MM/DD/CCYY
Run Time: 99:99:99
Page:    9999

MEMBER ID      HIPP ID      STAT CD      PREM PMT BEG      PREM PMT END
-----
111222333      212334321      ES           20050101          99991231
                231323134      ES           20060801          99991231
406999999      096999999      ES           19960704          99991231
                096999999      ES           19960704          99991231
403999999      096999999      ES           19960704          99991231

*** END OF REPORT ***

```

2.8.141.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
HIPP ID	System assigned key to uniquely identify a HIPP resource.	9	Number (Integer)	T_HIPP_RECIP	SAK_HIPP
MEMBER ID	Unique identifier for the member.	9	Number (Integer)	T_RE_BASE	ID_MEDICAID
PREM PMT BEG	The effective date of the HIPP policy.	10	Date (CCYY/MM/DD)	T_HIPP_RESOURCE	DTE_EFFECTIVE
PREM PMT END	The last day the HIPP policy is effective.	10	Date (CCYY/MM/DD)	T_HIPP_RESOURCE	DTE_END

Field	Description	Length	Data Type	DB Table	DB Attributes
STAT CD	The code that identifies why a policy was or was not purchased.	2	Character	T_HIPP_RESOURCE	CDE_HIPP

2.8.141.5 Associated Programs

Program	Description
tpl1185d.sc	HIPP Duplicate Active Member Id
copy2routedir	Copy Reports to Router

2.8.141.6 Associated Requirements

ID
30.090.004.003.1

2.8.141.7 Change Orders

ID	Name	Description
3076	HIPP Duplicate Active Member IDs	This report lists HIPP cases in pending or premium payment status which have the same Member ID as other cases which are also in pending or premium payment status.

2.8.142 TPL-1190-W -- Pending HIPP Terminations Report

This weekly report contains information on members with a KHIPPS resource segment on the TPL Resource File which has an end date greater than two months from the member's eligibility end date.

2.8.142.1 Technical Name

TPL-1190-W

2.8.142.2 Sort Order

Case Number

2.8.142.3 Pending HIPP Terminations Report Layout

```

Report   : TPL-1190-W                      COMMONWEALTH OF KENTUCKY                      Run Date: MM/DD/CCYY
Process  : TPLJW190                        MEDICAID MANAGEMENT INFORMATION SYSTEM        Run Time:  99:99:99
Location: TPL1190W                        PENDING HIPP TERMINATIONS WITH OPEN TPL HIPP SEGMENTS  Page:      9999
  
```

CASE NUMBER	MEMBER LAST NAME	FIRST NAME	ELIGIBILITY END DATE	TPL END DATE	MEMBER ID
999999999999	XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY	999999999999
999999999999	XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY	999999999999
999999999999	XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY	999999999999

*** END OF REPORT ***

2.8.142.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Case Number	Number used to identify a group of recipients that are in a case created by DHS.	12	Number	T_RE_CASE	NUM_CASE
Eligibility End Date	Eligibility End Date	8	Date (MM/DD/CCYY)	T_RE_ELIG	DTE_END
First Name	Member First Name	13	Character	T_RE_BASE	NAM_FIRST
Member Id	The Member's Medicaid ID	12	Char	T_RE_BASE	ID_MEDICAID

Field	Description	Length	Data Type	DB Table	DB Attributes
Member Last Name	Member Last Name	15	Character	T_RE_BASE	NAM_LAST
TPL End Date	TPL End Date	8	Date (MM/DD/CCYY)	T_COVERAGE_XREF	DTE_END

2.8.142.5 Associated Programs

Program	Description
tpl1190w.sc	Pending HIPPP Terminations Program
copy2routedir	Copy Reports to Router

2.8.142.6 Associated Requirements

ID
30.090.004.003.1

2.8.142.7 Change Orders

ID	Name	Description
3079	Pending HIPPP Terminations	Produce the Pending HIPPP Terminations report.

2.8.143 TPL-1210-D -- Spanlink Transactions Questionnaire Activity

This report lists all updates made online through the Spanlink Automated Voice Response System. It provides detailed data on member, policy and questionnaire log information before and after an update.

2.8.143.1 Technical Name

TPL-1210-D

2.8.143.2 Sort Order

Member ID

2.8.143.3 Spanlink Transactions Questionnaire Activity Layout

Report : TPL-1210-D	COMMONWEALTH OF KENTUCKY	Run Date: MM/DD/CCYY
Process : TPLJD221	MEDICAID MANAGEMENT INFORMATION SYSTEM	Run Time: 99:99:99
Location: TPL1210D	SPANLINK TRANSACTIONS	Page: 9999
	QUESTIONNAIRE ACTIVITY REPORT	

MEMBER ID: XXXXXXXXXXXX BEFORE UPDATE

MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

-----TPL DATA-----

QUESTIONNAIRE TYPE: XXXXXXXXXX	ACTION CD: X	DATE SENT: MM/DD/CCYY	DATE RECEIVED: MM/DD/CCYY	FOLLOW-UP DATE SENT: MM/DD/CCYY
FREQUENCY DAYS: 999	CARRIER ID: XXXXXXXX		CLERK: XXXXXXXX	LAST-TRANS-DATE: MM/DD/CCYY
POLICYHOLDER: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
ADDRESS: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	CITY: XXXXXXXXXXXXXXXXXXXX	XX	99999-9999	

MEMBER ID: XXXXXXXXXXXX AFTER UPDATE

MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

-----TPL DATA-----

QUESTIONNAIRE TYPE: XXXXXXXXXX	ACTION CD: X	DATE SENT: MM/DD/CCYY	DATE RECEIVED: MM/DD/CCYY	FOLLOW-UP DATE SENT: MM/DD/CCYY
FREQUENCY DAYS: 999	CARRIER ID: XXXXXXXX		CLERK: XXXXXXXX	LAST-TRANS-DATE: MM/DD/CCYY
POLICYHOLDER: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
ADDRESS: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	CITY: XXXXXXXXXXXXXXXXXXXX	XX	99999-9999	

*** END OF REPORT ***

*** NO DATA THIS RUN ***

2.8.143.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Action Cd (AFTER UPDATE)	The type of response received from the accident/trauma questionnaire.	2	Char	T_TPL_LTR_RESP_XREF	CDE_RETURNED
Action Cd (BEFORE UPDATE)	The type of response received from the accident/trauma questionnaire.	2	Char	A_T_TPL_LTR_RESP_XREF	CDE_RETURNED
Address	The address at which the policyholder or absent parent resides.	30	Char	T_POLICY_HOLDER	ADR_MAIL_STRT1
Carrier Id	The code identifying the carrier.	7	Char	T_TPL_CARRIER	CDE_CARRIER
City	The city in which the policyholder or absent parent resides.	18	Char	T_POLICY_HOLDER	ADR_MAIL_CITY
City (state)	The state in which the policyholder or absent parent.	2	Char	T_POLICY_HOLDER	ADR_MAIL_STATE
City (zip)	The zip code in which the policyholder or absent parent.	9	Number	T_POLICY_HOLDER	ADR_MAIL_ZIP, ADR_MAIL_ZIP+4
Clerk (AFTER UPDATE)	The clerk id.	8	Char	T_TPL_LET_RESP_XREF	NAM_USER
Clerk (BEFORE UPDATE)	The clerk id.	8	Char	T_LG_LETTER_REQUEST	ID_CLERK
Date Received (AFTER UPDATE)	The date a response was received from the questionnaire.	8	Date (MM/DD/CCYY)	T_TPL_LTR_RESP_XREF	DTE_RETURNED

Field	Description	Length	Data Type	DB Table	DB Attributes
Date Received (BEFORE UPDATE)	The date a response was received from the questionnaire.	8	Date (MM/DD/CC YY)	A_T_TPL_LTR_RESP_XREF	DTE_RETURNED
Date Sent (AFTER UPDATE)	The date the questionnaire was generated.	8	Date (MM/DD/CC YY)	T_TPL_LTR_RESP_XREF	DTE_SENT
Date Sent (BEFORE UPDATE)	The date the questionnaire was generated.	8	Date (MM/DD/CC YY)	A_T_TPL_LTR_RESP_XREF	DTE_SENT
Follow-up Date Sent	The date a follow-up questionnaire was generated.	8	Date (MM/DD/CC YY)	T_LG_LETTER_REQUEST	DTE_REQUEST
Frequency Days	The number of days between follow-ups.	3	Number	T_TPL_THRESHOLD	AMT_THRESHOLD
Last-Trans- Date	The last date of transaction.	8	Date (MM/DD/CC YY)	T_TPL_LTR_RESP_XREF	DTE_RETURNED
Member Id	The member's Medicaid ID.	12	Char	T_RE_BASE	ID_MEDICAID
Member Name	The name of the Medicaid member.	30	Char	T_RE_BASE	NAM_LAST, NAM_FIRST
Policy Holder	The name of the policyholder or absent parent.	30	Char	T_POLICY HOLDER	NAM_LAST, NAM_FIRST

Field	Description	Length	Data Type	DB Table	DB Attributes
Questionnaire Type	The type of questionnaire. INSURANCE - TPL-9007-W ACCIDENT/TRAUMA - TL-9010-W SUSPECT - TPL-9523-R [S] INDICATOR - TPL-9523-R[I] MEMBER - TPL-9523-R [R]	10	Char	T_LG_LETTER-REQUEST	ID_PEOPLE

2.8.143.5 Associated Programs

Program	Description
tpl1210d	Spanlink Transactions Questionnaire Activity TPL-1210-D

2.8.143.6 Associated Requirements

ID
30.090.004.002.10
30.090.004.003.1

2.8.143.7 Change Orders

ID	Name	Description
1151	Spanlink txn questionnaire rpt	This daily report will list all updates to the questionnaire screens which are made online through the Spanlink Automated Voice Response System.
2190	Promote to MO	Promotes CORE change orders to KY Test/MO
2484	Modify Accident Trauma process	Modify the accident trauma process so that SAK_CASUALTY can be a part of the ID_LETTER field on the letter request.

2.8.144 TPL-1230-R -- Policies Added From PCG Contractor Data For TPL Source Indicator 'W' - Record Code 'P' Only Activity

This report lists record code 'P' verification activity and provides various statistical data on what percentages were paid with the count of claims and the total amount within these groupings. This report also lists coverage type counts and provides a total count of all coverage types.

2.8.144.1 Technical Name

TPL-1230-R

2.8.144.2 Sort Order

SSN

For readability, the report layout appears on the next page.

2.8.144.3 Policies Added From PCG Contractor Data For TPL Source Indicator 'W' - Record Code 'P' Only Activity Layout

Report : TPL-1230-R
 Process : TPLJO1230
 Location: TPL0490R

COMMONWEALTH OF KENTUCKY
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 POLICIES ADDED AND UPDATED FROM HMS CONTRACTOR DATA
 FOR TPL SOURCE INDICATOR 'W'
 RECORD CODE 'P' ONLY
 ACTIVITY REPORT

Run Date: MM/DD/YYYY
 Run Time: HH:MM:SS
 Page: 9999

SSN	MEMBER NAME	CAR ID	CARRIER NAME	POLICY NO	COV	COV BEG DT	COV END DT	PAY
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	XX	MM/DD/YYYY	MM/DD/YYYY	XXXX
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	XX	MM/DD/YYYY	MM/DD/YYYY	XXXX
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	XX	MM/DD/YYYY	MM/DD/YYYY	XXXX
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	XX	MM/DD/YYYY	MM/DD/YYYY	XXXX
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	XX	MM/DD/YYYY	MM/DD/YYYY	XXXX

PAY 50 % REASON: MEMBER ELIGIBILITY END DATE IS LESS THAN OR EQUAL LOAD DATE

TOTAL COVERAGES: 999,999

TOTAL POLICIES: 999,999

Report : TPL-1230-R
 Process : TPLJO1230
 Location: TPL0490R

COMMONWEALTH OF KENTUCKY
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 POLICIES ADDED AND UPDATED FROM HMS CONTRACTOR DATA
 FOR TPL SOURCE INDICATOR 'W'
 RECORD CODE 'P' ONLY
 TOTALS PAGE

Run Date: MM/DD/YYYY
 Run Time: HH:MM:SS
 Page: 9999

	PAYMENT PERCENTAGE	HMS FEE	COV COUNT	TOTAL PAYMENT
1.	0%	\$0.00	999,999	99,999,999.99
2.	25%	\$2.50	999,999	99,999,999.99
3.	50%	\$5.00	999,999	99,999,999.99
4.	100%	\$10.00	999,999	99,999,999.99
=====				
TOTALS			9,999,999	999,999,999.99

*** END OF REPORT ***
 *** NO DATA THIS RUN ***

2.8.144.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Car ID	Unique Carrier Identifier	7	Char	T_TPL_CARRIER	CDE_CARRIER
Carrier Name	Carrier Name	40	Char	T_TPL_CARRIER	CARRIER_NAM
Count	The total number per coverage code.	9	Number	N/A	CALCULATED
Cov	Coverage Type	2	Char	T_COVERAGE_XREF	CDE_COVERAGE
Cov Beg Dt	Coverage Begin Date	8	Date (MM/DD/CCYY)	T_TPL_COVERAGE	DTE_BEG_DATE
Cov Count	The number of coverages per payment percentage	9	Number	N/A	CALCULATED
Cov End Dt	Coverage End Date	8	Date (MM/DD/CCYY)	T_TPL_COVERAGE	DTE_END_DATE
Cov Type	The code representing the type of coverage	2	Number	T_COVERAGE_XREF	CDE_COVERAGE
Member Name	Member Name	40	Char	T_RE_BASE	NAM_FIRST NAM_MID_INIT NAM_LAST
PCG Fee	The fee paid to PCG	9	Number	N/A	CALCULATED
Pay	Payment	4	Decimal	N/A	CALCULATED FIELD
Payment Percentage	The percentage of the payment	3	Number	N/A	CALCUALTED
Policy No	Policy Number	15	Char	T_TPL_RESOURCE	NUM_TPL_POLICY
SSN	Member's Social Security number	9	Char	T_RE_BASE	ID_MEDICAID

Field	Description	Length	Data Type	DB Table	DB Attributes
Total	The total number	11	Number	N/A	CALCULATED
Total Coverages	Total Coverages	6	Number	N/A	CALCULATED FIELD
Total Payment	The total payment per payment percentage	9	Number	N/A	CALCULATED
Total Policy	Total Policies	6	Number	N/A	CALCULATED FIELD
Totals (Cov Count)	The total number of coverages	11	Number	N/A	CALCULATED
Totals (Total Payment)	The total payment amount	11	Number	N/A	CALCULATED

2.8.144.5 Associated Programs

Program	Description
tpl0490r	Resources Updated/Added From PCG Contractor Data
tpl0490r	Resources Updated/Added From PCG Contractor Data
tpl1230m	Policies Added From PCG Contractor Data For TPL Source Code Indicator 'W' - Record Code 'P' Only Activity TPL-1230-M

2.8.144.6 Associated Requirements

ID
30.090.004.003.1
30.090.004.004.7

2.8.144.7 Change Orders

ID	Name	Description
359	TPL Interface from PCG TPL info	Add functionality to interface with PCG in regards to TPL Resource information.
4126	TPL-1230-M & TPL-1240M Rpt. Name	TPL-1230 Report Technical name on OnBase is different that on PWB. PWB indicates TPL-1230-R OnBase says TPL:1230M TPL1240-M Report Technical name on OnBase is differenct than on PWB. OnBase: TPL-1240M PWB: TPL-1240R

2.8.145 TPL-1240-R -- Policies Added From PCG Contractor Data For TPL Source Indicator 'W' - Record Code 'P' and 'Q' - Error

This report lists record codes 'P' and 'Q' verification errors and provides various member, carrier, policy and coverage error information, totaling the error counts.

2.8.145.1 Technical Name

TPL-1240-R

2.8.145.2 Sort Order

SSN

2.8.145.3 Policies Added From PCG Contractor Data For TPL Source Indicator 'W' - Record Code 'P' and 'Q' - Error Layout

Report : TPL-1240-R
Process : TPLJ01230
Location: TPL0490R

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
POLICIES ADDED AND UPDATED FROM HMS CONTRACTOR DATA
FOR TPL SOURCE INDICATOR 'W'
RECORD CODES 'P' AND 'Q'

Run Date: MM/DD/YYYY
Run Time: HH:MM:SS
Page: 9999

ERROR REPORT

SSN	MEMBER NAME	CAR ID	CARRIER NAME	POLICY NO	COV	ERROR MESSAGE
XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	99	XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	99	XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	99	XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	99	XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	99	XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	99	XXXXXXXXXXXXXXXXXXXX

TOTAL ERRORS: 999,999

*** END OF REPORT ***
*** NO DATA THIS RUN ***

2.8.145.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
CV#	Coverage Location Number For New Level Of Coverage	2	Char	T_COVERAGE_XREF	CDE_COVERAGE

Field	Description	Length	Data Type	DB Table	DB Attributes
Car ID	Unique Carrier Identifier	7	Char	T_TPL_CARRIER	CDE_CARRIER
Carrier Name	Carrier Name (Last , First)	45	Char	T_TPL_CARRIER	NAM_BUS
Error No/message	The error messages and their numbers.	25	Char	T_ERROR_DISP	DSC_ERROR_STAT
Member Name	Member's Name (Last , First)	30	Char	T_RE_BASE	CONCATENATED NAM_LAST+NAM_FIRST
Policy No	Policy number	16	Char	T_TPL_RESOURCE	NUM_TPL_POLICY
SSN	Member's social security number	9	Char	T_RE_BASE	ID_MEDICAID
Total errors	Total Number of Errors on the report	6	Number	N/A	CALCULATED

2.8.145.5 Associated Programs

Program	Description
tpl0490r	Resources Updated/Added From PCG Contractor Data
tpl0490r	Resources Updated/Added From PCG Contractor Data
tpl1240m	Policies Added From PCG Contractor Data For TPL Source Code Indicator 'W' - Record Code 'P'and'Q'Error TPL-1240-M

2.8.145.6 Associated Requirements

ID
30.090.004.003.1
30.090.004.004.7

2.8.145.7 Change Orders

ID	Name	Description
359	TPL Interface from PCG TPL info	Add functionality to interface with PCG in regards to TPL Resource information.
4126	TPL-1230-M & TPL-1240M Rpt. Name	TPL-1230 Report Technical name on OnBase is different that on PWB. PWB indicates TPL-1230-R OnBase says TPL:1230M TPL1240-M Report Technical name on OnBase is differenct than on PWB. OnBase: TPL-1240M PWB: TPL-1240R

2.8.146 TPL-1250-M -- Billings Closed By Third Party Contractor

This report lists all the closed billings by the contractor totaling the amount paid by carrier. This report provides a grand total of closed amounts for all carriers.

2.8.146.1 Technical Name

TPL-1250-M

2.8.146.2 Sort Order

Carrier Code

For readability the layout displays on the next page.

2.8.146.3 Billings Closed By Third Party Contractor Layout

Report : TPL-1250-M
 Process : TPLJM225
 Location: TPIM1250

COMMONWEALTH OF KENTUCKY
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 BILLINGS CLOSED BY THIRD PARTY CONTRACTOR REPORT

Run Date: MM/DD/CCYY
 Run Time: 99:99:99
 Page: 9999

CARR ID	POL/TYP	ICN	MEMBER PD	CLOSE DATE	STATUS	REF IND	REF DATE
XXXXXXX	99	XXXXXXXXXXXXX	999.99	MM/DD/CCYY	X	X	MM/DD/CCYY
XXXXXXX	99	XXXXXXXXXXXXX	999.99	MM/DD/CCYY	X	X	MM/DD/CCYY
XXXXXXX	99	XXXXXXXXXXXXX	999.99	MM/DD/CCYY	X	X	MM/DD/CCYY
CARRIER TOTAL:		999,999.99					
XXXXXXX	99	XXXXXXXXXXXXX	999.99	MM/DD/CCYY	X	X	MM/DD/CCYY
XXXXXXX	99	XXXXXXXXXXXXX	999.99	MM/DD/CCYY	X	X	MM/DD/CCYY
XXXXXXX	99	XXXXXXXXXXXXX	999.99	MM/DD/CCYY	X	X	MM/DD/CCYY
CARRIER TOTAL:		999,999.99					
XXXXXXX	99	XXXXXXXXXXXXX	999.99	MM/DD/CCYY	X	X	MM/DD/CCYY
XXXXXXX	99	XXXXXXXXXXXXX	999.99	MM/DD/CCYY	X	X	MM/DD/CCYY
XXXXXXX	99	XXXXXXXXXXXXX	999.99	MM/DD/CCYY	X	X	MM/DD/CCYY
CARRIER TOTAL:		999,999.99					
XXXXXXX	99	XXXXXXXXXXXXX	999.99	MM/DD/CCYY	X	X	MM/DD/CCYY
XXXXXXX	99	XXXXXXXXXXXXX	999.99	MM/DD/CCYY	X	X	MM/DD/CCYY
XXXXXXX	99	XXXXXXXXXXXXX	999.99	MM/DD/CCYY	X	X	MM/DD/CCYY
CARRIER TOTAL:		999,999.99					
XXXXXXX	99	XXXXXXXXXXXXX	999.99	MM/DD/CCYY	X	X	MM/DD/CCYY
XXXXXXX	99	XXXXXXXXXXXXX	999.99	MM/DD/CCYY	X	X	MM/DD/CCYY
XXXXXXX	99	XXXXXXXXXXXXX	999.99	MM/DD/CCYY	X	X	MM/DD/CCYY
CARRIER TOTAL:		999,999.99					
GRAND TOTAL:		9,999,999.99					

*** END OF REPORT ***

*** NO DATA THIS RUN ***

2.8.146.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Carr ID	Unique identification number for the carrier.	7	Char	T_TPL_CARRIER	CDE_CARRIER
Carrier Total	The total amount expected from the carrier.	11	Number (Decimal)	N/A	CALCULATED

Field	Description	Length	Data Type	DB Table	DB Attributes
Close Date	The date the billing was closed	8	Date (CCYY/MM/DD)	N/A	CALCULATED
Grand Total	The grand total amount expected from all carriers.	9	Number (Decimal)	N/A	CALCULATED
ICN	The internal control number of the claim.	13	Char	T_HIST_DIRECTORY	NUM_ICN_FL
Member Pd	The paid amount of the claims	5	Number (Decimal)	T_CLM_PGM_XREF	AMT_PAID
Pol/Typ	The policy or billing type of the billing.	2	Char	N/A	CALCULATED
Ref Date	The date of the referral	8	Date (CCYY/MM/DD)	T_TPL_AR_HEALTH	DTE_BILLED
Ref Ind	Indicates whether the billing was referred.	1	Char	T_TPL_AR_HEALTH	CDE_SOURCE
Status	The billing status	1	Char	T_TPL_AR_HEALTH	CDE_STATUS

2.8.146.5 Associated Programs

Program	Description
tpl1250m	Billings Closed By Third Party Contractor TPL-1250-M

2.8.146.6 Associated Requirements

ID
30.090.004.003.1

2.8.146.7 Change Orders

ID	Name	Description
1372	Billing Closed	Create Billings Closed By Third Party Contractor report.

2.8.147 TPL-3001-M -- TPL Possible Medicare Eligibles

The Possible Medicare Eligibles report reads the member paid crossover claim files. If a member has a crossover claim that paid, the Medicare table in eligibility is checked to see if the member has Medicare A or Medicare B. The members who do not have Medicare A or B show up on the Possible Medicare Eligibles report.

2.8.147.1 Technical Name

TPL-3001-M

2.8.147.2 Sort Order

SSN

2.8.147.3 TPL Possible Medicare Eligibles Layout

```

REPORT   :   TPL3001M                      COMMONWEALTH OF KENTUCKY           Run Date:   MM/DD/CCYY
PROCESS  :   TPLJM250                      MEDICAID MANAGEMENT INFORMATION SYSTEM Run Time:   99:99:99
LOCATION   :   TPLP301B                      TPL POSSIBLE MEDICARE ELIGIBLES       Page:       9999
PERIOD:   MM/DD/CCYY THRU MM/DD/CCYY

```

SSN	LAST	FIRST	MI	HIC	DATE OF BIRTH	MEMBER ID
XXXXXXXX	XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX	X	XXXXXXXXXXXXXX	MM/DD/CCYY	XXXXXXXXXXXXXX
XXXXXXXX	XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX	X	XXXXXXXXXXXXXX	MM/DD/CCYY	XXXXXXXXXXXXXX
XXXXXXXX	XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX	X	XXXXXXXXXXXXXX	MM/DD/CCYY	XXXXXXXXXXXXXX

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**  END OF REPORT  **
** NO DATA THIS RUN **

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2.8.147.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
DATE OF BIRTH	Member's date of birth (CCYYMMDD format) in the member paid Medicare table in the member paid claims file	10	Date (MM/DD/CCYY)	T_RE_BASE	DTE_BIRTH
FIRST	Member's first name in the member paid Medicare table in the member paid claims file	13	Char	T_RE_BASE	NAM_FIRST

Field	Description	Length	Data Type	DB Table	DB Attributes
HIC	Member's Medicare number in the member paid Medicare table in the member paid claims file	12	Char	T_RE_HIB	ID_MEDICARE
LAST	Member's last name on the member Medicare table in the member paid claims file	15	Char	T_RE_BASE	NAM_LAST
MEMBER ID	Member's 12-character numeric identification number in the member paid Medicare table in the member paid claims file	12	Char	T_RE_BASE	ID_MEDICAID
MI	Member's middle initial in the member paid Medicare table in the member paid claims file	1	Char	T_RE_BASE	NAM_MID_INIT
SSN	Member's Social Security Number in the member paid Medicare table in the member paid claims file	9	Char	T_RE_BASE	NUM_SSN

2.8.147.5 Associated Programs

Program	Description
tplp301b	TPL Possible Medicare Eligibles Report, TPL-3001-M
rm	Unix File Remove Command

2.8.147.6 Associated Requirements

ID
30.020.002.008
30.050.004.002.6
30.090.004.002.13

2.8.147.7 Change Orders

ID	Name	Description
155	Recipient to Member - Reports	<p>System wide changes need to be performed to change every instance of Recipient to Member where viewable by the user.</p> <p>This system wide change was identified during the Member Management RV and JAD sessions held on 06/13/2005 - 06/17/2005. During GSD review period, a number of standards were identified namely, changing DOB to Date of Birth, Provider ID to Provider Number, county code to 3 character positions, etc. These standard apply to all reports listed in this Change Order.</p>
5061	TPL-3001-M	<p>On the TPL-3001-M the 4th line of the heading is off center and the spacing before Through is too large. The PWB has the word THRU and OnBase has THROUGH. The data reported for the member name and date of birth does not match the member panels.</p>

2.9 Letters

Some information in this section is represented in table format. In order to fit information on the page, some data field information may wrap to the next line.

2.9.1 TPL-9000-W -- Accident Trauma Memo

This memo is printed and sent to the county to obtain the information from the member if no response is received within 45 days of the original accident/trauma questionnaire.

2.9.1.1 Technical Name

TPL-9000-W

2.9.1.2 Accident Trauma Memo Layout

(DATE)

Reply Attention: Third Party Liability Unit

TO: (COUNTY WORKER'S OFFICE) Worker Number: (XXXX)
(ADDRESS 1)
(ADDRESS 2)
(CITY), (STATE) (ZIPCODE)-(ZIP+4)
Department for Community Based Services Recovery Section
Telephone: 502-209-3000
FROM: Third Party Liability Unit FAX: 502-209-3200
In-State Toll Free: 1-800-807-1459
SUBJECT: (MEMBER FIRST NAME) (MEMBER MIDDLE INITIAL) (MEMBER LAST NAME)
(MEMBER ID)

SERVICE DATE: (DATE)
DIAGNOSIS: (DIAGNOSIS DESCRIPTION)

Dear County Official:

An accident/health insurance questionnaire was recently requested from the client for the service date shown above. We have not received a reply to this request. Please make the necessary arrangements to complete the Accident/Trauma questionnaire and forward it to this office for review.

Your cooperation in this matter is greatly appreciated. If you have any questions regarding this request, please do not hesitate to call the Third Party Liability Unit's Recovery Section 502-209-3000 or in-state toll-free at 1-800-807-1459.

Sincerely,

TPL Unit

2.9.1.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Address 1	The first line of the county office's street address	30	Char	T_COUNTY_OF FICE	ADR_STREET_1
Address 2	The second line of the county office's street address	30	Char	T_COUNTY_OF FICE	ADR_STREET_2
City	Member's city	18	Char	T_COUNTY_OF FICE	ADR_CITY
County Worker's Office	Code county and code office of member	11	Char	T_CDE_COUNT Y,T_RE_BASE	CALCULATED
Date	The date the letter was generated	10	Date (MM/DD/CC YY)	DUAL	SYSDATE
Diagnosis	Description of the diagnosis	40	Char	T_CASUALTY_C ASE	DSC_NATURE_OF _INJ
Member First Name	The member's first name	13	Char	T_RE_BASE	NAM_FIRST
Member ID	Medicaid ID of the member	12	Char	T_RE_BASE	ID_MEDICAID
Member Last Name	The member's last name	15	Char	T_RE_BASE	NAM_LAST
Member Middle Initial	The member's middle initial	1	Char	T_RE_BASE	NAM_MID_INIT
Service Date	Date of service	8	Date (MM/DD/CC YY)	T_CASUALTY_C ASE	DTE_OF_ACC_INJ
State	Member's State	2	Char	T_COUNTY_OF FICE	ADR_STATE
Worker Number	Case worker ID	4	Char	T_RE_CASE	ID_CASE_WORKE R
Zip+4	Member's +4-digit zip code	4	Number	T_COUNTY_OF FICE	ADR_ZIP_CODE_ 4

Field	Description	Length	Data Type	DB Table	DB Attributes
Zip code	Member's 5-digit zip code	5	Number	T_COUNTY_OF FICE	ADR_ZIP_CODE

2.9.1.4 Associated Programs

Program	Description
No associated Programs found.	

2.9.1.5 Associated Requirements

ID
30.020.002.008
30.090.004.002.12
30.090.004.003.3

2.9.1.6 Change Orders

ID	Name	Description
3477	REL2-Letter Generator	Due to moving to the 2.0 .net framework, letters need to be updated to work correctly.
7336	TPL-9000-W Addressee missing	The TO: address on the TPL-9000-W letter is not being populated.

2.9.2 TPL-9001-W -- Casualty Attorney Letter

This letter and a list of claims involved in a case are generated online, printed and sent to the attorney.

2.9.2.1 Technical Name

TPL-9001-W

2.9.2.2 Casualty Attorney Letter Layout

	RESPONSE REQUESTED
	RESPOND TO RECOVERY SECTION
	ADDRESS BELOW
(Date)	
(Attorney Name)	
(Address1)	
(Address2)	
(City) (State), (Zip)•(Zip4)	
RE: (Member Name)	
(Member ID)	
To Whom It May Concern:	
According to the information, you represent the above-referenced KyHealth Choices member in a claim against a third party. If this information is correct, please advise Medicaid.	
As of this date, fee-for-services Medicaid has paid \$ (AMOUNT PAID) for medical expense for your client. At the time of application of benefits your client <u>assigned</u> to the Cabinet all rights to payments from any third party, not to exceed the amount of medical assistance paid on behalf of your client (KRS 205.624). KRS 205.626(2) states <u>any</u> settlement, judgment, or award obtained by a member or member's legal representative against a third party is subject to the Cabinet's claim for reimbursement for medical assistance paid on behalf of the member. <u>The above amount does not include expenditures incurred under a managed care group.</u>	
Please acknowledge this notice and confirm that you will protect the Cabinet with respect to its claim for reimbursement of \$ (AMOUNT PAID) in fee-for-service Medicaid.	
The federal HIPAA guidelines require the execution of a Release to obtain confidential member information. If you desire such information, please have your client execute the enclosed Release, or a similar Release, and return the completed document to the address below.	
<u>THE ACKNOWLEDGEMENT AND CONFIRMATION SHOULD BE SENT TO DEPARTMENT FOR MEDICAID SERVICES, C/O HEALTH MANAGEMENT SYSTEMS, INC., 5660 NEW NORTHSIDE DRIVE, SUITE 750, ATLANTA, GEORGIA 30328. IF YOU HAVE QUESTIONS OR REQUIRE FURTHER INFORMATION, PLEASE CONTACT KENTUCKY RECOVERY SECTION AT 999-999-9999.</u>	
Sincerely,	
Zach Ramsey, Director	
-	
-	
-	
-	

2.9.2.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Address 1	The first line of the attorneys street address	20	Char	T_ATTORNEY	ADR_STREET_1
Address 2	The second line of the attorneys street address	20	Char	T_ATTORNEY	ADR_STREET_2
Amount Paid	The total amount expended by Medicaid	9	Decimal	CALCULATED	N/A
Attorney Name	The attorneys name	20	Char	T_ATTORNEY	NAM_FIRST+NAM_LAST+NAM_MID_INIT
City, State, Zip	The city, state, and zip code of the attorney	25	Char	T_ATTORNEY	ADR_CITY+ADR_STATE+ADR_ZIP_CODE
Date	The date the letter was generated	8	Date (MM/DD/CCYY)	NA	NA
Member ID	Medicaid ID of the member	12	Char	T_RE_BASE	ID_MEDICAID
Member Name	The members last name	30	Char	T_RE_BASE	CONCATENATED

2.9.2.4 Associated Programs

Program	Description
tpl0020w	Casualty Case Follow-up Letters, TPL-9001-W, TPL-9002-W, TPL-9003-W and TPL-9004-W

2.9.2.5 Associated Requirements

ID
30.090.004.003.3

2.9.2.6 Change Orders

ID	Name	Description
1671	Casualty Attorney Letter	interChange's Casualty Attorney Letter must be changed to match the current letter used in the Commonwealth.

ID	Name	Description
4036	REL2-DCR3235-Chg PCG to HMS-Ltrs	Change "Public Consulting Group" to "Health Management Systems, Inc." and "PCG" to "HMS" in various letters.
8714	Atty Letters have wrong phone #	Please replace 800-807-1459 with 770-980-0400 on the Attorney letter and the Attorney Follow-up

2.9.3 TPL-9002-W -- Casualty Attorney Letter Follow Up

This follow up letter is printed if no response is received within 45 calendar days of the initial Casualty Attorney letter.

2.9.3.1 Technical Name

TPL-9002-W

2.9.3.2 Casualty Attorney Letter Follow Up Layout

	Reply Attention:	Third Party Liability Unit
	Telephone:	Recovery Section
	In-State Toll-Free:	502-209-3000
		1-800-807-1459
(Month) (DD, CCYY)		
(Attorney's Name)		
(Attorney Addr 1)		
(Attorney Addr 2)		
(Attorney City), (State) (Zip)		
ATTN: (Attorney's Name)		
RE:		
Client:	(XXXXXXXXXXXXXXXX, XXXXXXXXXXXX)	
Client ID:	(XXXXXXXXXXXX)	
Date of Accident on or about:	(Date)	
Dear : (Attorney's Name) ,		
Please make reference to our previous correspondence with regard to medical charges incurred by the above-named individual as a result of an accident. We are again requesting any information that may enable this Agency to gain reimbursement from a liable third party.		
Since the time of our last correspondence, additional Medicaid funds may have been expended on behalf of your client. Upon request, our office will provide an updated itemization of the related medical expenditures.		
Sincerely,		
TPL Unit		

2.9.3.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Attorney Address 1	The first line of the attorneys street address	20	Char	T_ATTORNEY	ADR_STREET_1
Attorney Address 2	The second line of the attorneys street address	20	Char	T_ATTORNEY	ADR_STREET_2
Attorney Name	The attorneys name	20	Char	T_ATTORNEY	NAM_LAST+NAM_FIRST
City, State, Zip	The city, state, and zip code of the attorney	26	Char	T_ATTORNEY	ADR_CITY+ADR_STATE+ADR_ZIP_CODE
Client ID	Medicaid ID of the member	12	Char	T_RE_BASE	ID_MEDICAID
Client (first name)	The members first name	13	Char	T_RE_BASE	NAM_FIRST
Client (last name)	The members last name	15	Char	T_RE_BASE	NAM_LAST
Client (middle initial)	The members middle initial	1	Char	T_RE_BASE	NAM_MID_INIT
Date	The date the letter was generated	8	Date (MM/DD/CCYY)	T_LTR_RQST_TEMPLAT	DTE_GENERATE
Date of Accident on or about:	Date of the accident	8	Date (MM/DD/CCYY)	T_CASUALTY_CASE	DTE_OF_ACC_INJ

2.9.3.4 Associated Programs

Program	Description
tpl0020w	Casualty Case Follow-up Letters, TPL-9001-W, TPL-9002-W, TPL-9003-W and TPL-9004-W

2.9.3.5 Associated Requirements

ID
30.090.004.002.12
30.090.004.003.3

2.9.3.6 Change Orders

ID	Name	Description
2002	Casualty FollowUp Rewrite	Removal of paragraph which was not applicable to Kentucky.
8714	Atty Letters have wrong phone #	Please replace 800-807-1459 with 770-980-0400 on the Attorney letter and the Attorney Follow-up

2.9.4 TPL-9003-W -- Casualty Insurance Agent Letter

This initial carrier/insurance agent letter and a list of claims involved in a case is generated online, printed and sent to the insurance agent.

2.9.4.1 Technical Name

TPL-9003-W

2.9.4.2 Casualty Insurance Agent Letter Layout

EDS - Fiscal Agent for KyHealth Choices	(DATE)
P.O. Box 2107	
Frankfort, KY 40602	(AGENT NAME)
999-999-9999	Attn: (Last, First, MI)
999-999-9999	(ADDRESS 1)
	(CITY), (ST), (ZIP)

Insured Party: (TORTFEASOR NAME)

Insured Policy/Claim Number: (POLICY NUMBER)

Medicaid Number: (MEMBER ID)

Date of Injury: (DATE OF LOSS)

We have been advised that the above-referenced party has insurance coverage through your agency. Your insured has been involved in an accident with the above-referenced Medicaid member.

In accordance with State and Federal Regulations, Kentucky Medicaid is the last resource for payment. The Commonwealth of Kentucky, through Medicaid, has assignment rights for the total amount of payments it has made, or will make, on behalf of the injured persons. The statutory basis of the State assignment is found in KRS 205.624.

Please accept this letter as notice of our intent to exercise the aforementioned assignment rights and your obligation to include the Commonwealth of Kentucky in any settlement negotiations. Enclosed is a member history profile for the claims paid by Medicaid on the behalf of the Medicaid member during the above dates of service. Please submit your payment of (AMOUNT) made payable to the Kentucky State Treasurer.

Your prompt attention to this matter will be appreciated. If you have any questions, please contact the TPL Unit.

2.9.4.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
ATTN (Last, First, MI)	To whom the letter is sent	29	Char	T_RE_BASE	NAM_FIRST+NAM_LAST
Address 1	The first line of the insurance agent's street address	20	Char	T_INS_AGENT	ADR_STREET_1
Agent name	The insurance agent's name	20	Char	T_INS_AGENT	NAM_COMPANY
Amount	Amount to be recovered	8	Number	T_CASUALTY_RE	AMT_CASE_SETTLMNT
City, State, Zip	The city, state, and zip code of the insurance agent	26	Char	T_INS_AGENT	ADR_CITY+ADR_STATE+ADR_ZIP_CODE
Date	The date the letter was generated	8	Date (MM/DD/CCYY)	NA	NA
Date of Loss	Date of loss	8	Date (MM/DD/CCYY)	T_CASUALTY_CASE	DTE_OF_ACCIDENT
Member ID	Medicaid ID of the member	12	Char	T_RE_BASE	ID_MEDICAID
Policy Number	The policy number of the member	16	Char	T_INS_AGENT_XREF	NUM_POLICY_CLM
Tortfeasor Name	Person involved in accident with member	29	Char	T_TORTFEASOR	NAM_FIRST+NAM_LAST+NAM_MID_INIT

2.9.4.4 Associated Programs

Program	Description
tpl0020w	Casualty Case Follow-up Letters, TPL-9001-W, TPL-9002-W, TPL-9003-W and TPL-9004-W

2.9.4.5 Associated Requirements

ID
30.090.004.003.3

2.9.4.6 Change Orders

ID	Name	Description
1672	Casualty Insur. Agent Letter	Update layout of Casualty Insurance Agent Letter to conform to DMS wording, as in the Accident Trauma Billing letter

2.9.5 TPL-9004-W -- Casualty Insurance Agent Letter Follow Up

This follow up carrier/insurance agent letter is generated by the system if no response is received within 45 calendar days of the initial Casualty Insurance Agent letter.

2.9.5.1 Technical Name

TPL-9004-W

2.9.5.2 Casualty Insurance Agent Letter Follow Up Layout

EDS - Fiscal Agent for KyHealth Choices
P.O. Box 2107
Frankfort, KY 40602
999-999-9999
999-999-9999

(DATE)

(INSURANCE COMPANY NAME)
Attn: (Last, First, MI)
(ADDRESS 1)
(CITY), (ST), (ZIP)

Insured Party: (TORTFEASOR)
Insured Policy Number: (INSURANCE POLICY NUMBER)
Medicaid member Name: (MEMBER NAME)
Medicaid ID: (MEMBER ID)

The Kentucky Department for Medicaid Services previously informed your company of the Commonwealth of Kentucky's assignment and the amount of expenditures the Medicaid Program has paid on behalf of the above-named Medicaid member.

It is necessary for the Commonwealth of Kentucky to pursue its assignment rights in accordance with KRS 205.624. Due to this statute, and federal requirements, please answer the following questions and return to our office:

What is the current status of this case?

If payment has been made by your company, please provide a breakdown of the disbursement of funds.

Please respond within 10 days of receipt. If no response is received, this matter will be turned over to the Department for Medicaid Services for further action.

If you have any questions or concerns, please contact the Third Party Liability Unit.

2.9.5.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
ATTN	To whom the letter is sent	29	Char	T_RE_BASE	NAM_LAST+NAME_FIRST+NAME_MID_INIT
Address 1	The first line of the insurance agents street address	20	Char	T_TPL_CARRIER	ADR_MAIL_STRT1
Agent Name	The insurance agent's name	40	Char	T_TPL_CARRIER	NAM_BUS
City, State, Zip	The city, state, and zip code of the insurance company	26	Char	T_TPL_CARRIER	ADR_MAIL_CITY+ADR_MAIL_STATE+ZIP
Date	The date the letter was generated	8	Date (MM/DD/CCYY)	T_LTR_RQST_TEMP	DTE_GENERATE
Member ID	Medicaid ID of the member	12	Char	T_RE_BASE	ID_MEDICAID
Member Name	The member's name (Last, First, Mid In)	36	Char	T_RE_BASE	NAM_LAST+NAME_FIRST+NAME_MID_INIT
Policy Number	The policy number of the member	16	Char	T_TPL_RESOURCE	NUM_TPL_POLICY
Tortfeasor	The insured party	29	Char	T_TORTFEASOR	NAM_LAST+NAME_FIRST+NAME_MID_INIT

2.9.5.4 Associated Programs

Program	Description
tpl0020w	Casualty Case Follow-up Letters, TPL-9001-W, TPL-9002-W, TPL-9003-W and TPL-9004-W

2.9.5.5 Associated Requirements

ID
30.090.004.002.12
30.090.004.003.3

2.9.5.6 Change Orders

ID	Name	Description
1673	Casualty Insur Agnt Ltr Followup	interChange's Casualty Insurance Agent Letter Followup must be changed to match the current letter used in the Commonwealth.

2.9.6 TPL-9005-M -- Cost Avoidance Insurance Letter 1

This initial billing letter is printed and sent to insurance carrier for retroactive and pay and chase billings.

2.9.6.1 Technical Name

TPL-9005-M

2.9.6.2 Cost Avoidance Insurance Letter 1 Layout

Carrier: (Carrier Name)

Address: (Address)

City: (City, State, Zip)

Date: (Date)

Dear Insurer:

The Kentucky Medicaid Third Party Liability Unit has been advised that your company issued health insurance coverage to the following client(s) of the Medicaid program. The State of Kentucky has subrogation rights for the total amount of any payments it has made on behalf of these clients, pursuant to Kentucky Insurance Law 36 subsection 3624.3. The State Agency Federal Tax ID Number is 736-01-7987W.

Questions may be directed to the Third Party Liability Unit: (999-999-9999)

FAX: (999-999-9999)

In-State Toll Free: (999-999-9999)

Please see the attached claims for medical services paid by Medicaid for which your company is the primary payor.

Please note:

For a CMS-1500, UB-92 or ADA Dental form, compute benefits on the provider's submitted charge to Medicaid; however your benefit payment should not exceed the total amount paid by Medicaid.

For Pharmacy claims, your payment should be based on the "Medicaid Paid Total"

If the claim was previously processed by Medicare, Medicaid based its payment on the "Medicare approved amount".

If you have any information regarding your insured which differs from our records, please provide that information to us so that claims may be more accurately processed in the future.

If you will not pay this claim, please circle the appropriate reason for non-payment:

Reasons for Rejection:

- | | |
|---------------------------------|--|
| 01 Not a Covered Dependent | 05 Coverage Terminated (Give Date) _____ |
| 02 Service Type Not Covered | 06 Previously Considered (Give Date/Payee/Amount Paid) _____ |
| 03 Deductible Not Met | 07 Cannot Identify Policyholder, etc. |
| 04 Benefits Exhausted (Explain) | 08 Other (Explain) |

PLEASE RETURN THIS FORM WITH YOUR PAYMENT PAYABLE TO: KENTUCKY DEPARTMENT FOR MEDICAID (REFER TO THE MEDICAID ID & ICN NUMBER) AND MAIL IT TO:

Medicaid Third Party Liability
P.O. Box (99999)
(City), (State) (Zip)

(Building Name) * (9999 Street), (Suite 99) * (Town), (ST) (99999) * (999-999-9999)
An Equal Opportunity Employer

2.9.6.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Address	The first line of the carriers street address	30	Char	T_TPL_CARRIER	ADR_MAIL_STR T1
Carrier Name	The insurance companys name	45	Char	T_TPL_CARRIER	NAM_BUS
City, State, Zip	The city, state, and zip code of the carrier	26	Char	T_TPL_CARRIER	ADR_MAIL_CITY +ADR_MAIL_ST ATE+ADR
Date	The date the letter was generated	8	Date (MM/DD/CC YY)	T_LTR_RQST_TE MPLAT	DTE_GENERAT E

2.9.6.4 Associated Programs

Program	Description
No associated Programs found.	

2.9.6.5 Associated Requirements

ID
30.050.004.002.7
30.090.004.003.3

2.9.6.6 Change Orders

ID	Name	Description
3477	REL2-Letter Generator	Due to moving to the 2.0 .net framework, letters need to be updated to work correctly.

2.9.7 TPL-9007-W -- Policy Verification Letter

This letter is printed and sent to a carrier when insurance information for a member is put online but not verified.

2.9.7.1 Technical Name

TPL-9007-W

2.9.7.2 Policy Verification Layout

(Month) (DD, CCYY)

(Carrier Name)
(Carrier Addr 1)
(Carrier Addr 2)
(Carrier City), (State) (ZIP + 4)

Carrier ID: (Carrier ID)

Group Number: (Group Number)

Member ID/Name/SSN
(Member ID)
(Member Name)
(SSN)

Policy Number/Name
(Policy Number)
(Policyholder Name)

Dear insurance carrier,

EDS, as the fiscal agent, is currently handling all claims processing for the Department for Medicaid Services (DMS).

The Department for Medicaid Services has a right to obtain information if the Medicaid card is used by a recipient. We are requesting that you provide the necessary information in accordance with KRS 205.520, which states:

It is the intention of the general assembly to comply with the provisions of Title XIX of the Social Security Act which require that the Kentucky Medical Assistance Program recover from third parties which have a legal liability to pay for care or services paid by the Kentucky Medical Assistance Program.

The Kentucky Medical Assistance Program shall be the payor of last resort and its right to recover under this Act shall be superior to any right of reimbursement, subrogation, or indemnity of any liable third party.

Federal regulations mandate the Department for Medicaid Services pursue its assignment rights. Return this form with any changes and in the event the policy has lapsed, furnish the last date of coverage.

Please respond within 10 days of receipt. Failure to comply could result in notification to the Kentucky Department of Insurance of all specifications of this case information.

**IF YOU CAN NOT IDENTIFY THE POLICYHOLDER OR DEPENDENT(S) AUTOMATE
YOUR RESPONSE BY CALLING 1-999-999-9999, 8:00A.M. TO 4:30 P.M. E.S.T.**

Type of Coverage (check all that apply)

<input type="checkbox"/> Hospital	<input type="checkbox"/> Major Medical
<input type="checkbox"/> Medical	<input type="checkbox"/> Comprehensive Major Medical
<input type="checkbox"/> Dental	<input type="checkbox"/> Specialized Coverage (example: Cancer) Please specify: _____
<input type="checkbox"/> Vision	<input type="checkbox"/> Other (example: Supplemental Income) Please specify: _____
<input type="checkbox"/> Drugs (please specify the Drug Carrier: _____)	<input type="checkbox"/> Indemnity (please specify whom benefits are assigned: _____)

PLEASE COMPLETE THE FOLLOWING:

Name of representative: _____
Billing address for claims: _____
Telephone Number: _____

2.9.7.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Carrier Addr 1	The first line of the street address for the group	30	Char	T_TPL_CARRIER	ADR_MAIL_STRT1
Carrier Addr 2	The second line of the street address for the group	30	Char	T_TPL_CARRIER	ADR_MAIL_STRT2
Carrier Name	The name of the group	30	Char	T_TPL_CARRIER	NAM_BUS
City, State, Zip	The city, state, and zip code for the group	26	Char	T_TPL_CARRIER	ADR_MAIL_CITY+ADR_MAIL_STATE+ADR
Date	Date the report was generated	8	Date (MM/DD/CCYY)	T_LTR_RQST_TEMPLATE	DTE_GENERATE
Group Number	The policy group number	12	Char	T_TPL_RESOURCE	NUM_GROUP
Member ID	Medicaid ID of the member	12	Char	T_RE_BASE	ID_MEDICAID
Member Name	The members last name	29	Char	T_RE_BASE	NAM_LAST
Member SSN	The policyholders social security number	9	Char	T_POLICYHOLDER	NUM_SSN
Policy Number	The policy number of the member	16	Char	T_TPL_RESOURCE	NUM_TPL_POLICY
Policyholder Name	The policyholders name (Last, First, MI)	29	Char	T_POLICYHOLDER	NAM_LAST+NAM_FIRST+NAM_MID_INIT

2.9.7.4 Associated Programs

Program	Description
tpl9037r	TPL Verification Letter and Questionnaire, TPL-9007-W

2.9.7.5 Associated Requirements

ID
30.020.002.009
30.090.004.003.3

2.9.7.6 Change Orders

ID	Name	Description
2654	KAMES Requirements 9007	KAMES modification to TPL-9007-W
4709	Carrier code table for q-nnaires	Currently we are not indicating the Carrier code on the insurance questionnaires. This needs to be added in order for the carrier to be able to call into Spanlink.
4792	TPL-9007-W missing cov code	The TPL-9007-W does not list Vision as a coverage code in the letter and the PWB does.
4927	TPL9007W-Case Letter History	<p>When trying to verify that the table T_TPL_LTR_RESP_XREF was created, data populated in the table and a TPL-9007-W Verification Letter was generated, the following occurred: Failed - Supposed to be able to populate T_TPL_LTR_RESP_XREF with dta that allows letter to be generated.</p> <p>Step 1 - Search on Case Tracking Search and pull up Accident Trauma from the drop down box for case type.</p> <p>Step 2 - Select a result from the search results.</p> <p>Step 3 - I then pick Case Tracking Letter History just like the Navigational path says and this is my result. Come up with Critical Error!!!</p>

2.9.8 TPL-9008-W -- Discrepancy Letter

This letter is printed during the TPL Discrepancy process and sent to the provider if a claim is filed indicating some type of insurance coverage exists, but there is no resource information online.

2.9.8.1 Technical Name

TPL-9008-W

2.9.8.2 Discrepancy Letter Layout

(Date)

Reply Attention: Third Party Liability Unit

(Provider Name)

Telephone: 999-999-9999

(Provider Address 1)

Fax: 999-999-9999

(Provider Address 2)

In-State Toll Free: 999-999-9999

(City), (State), (Zip)

Member: (Member Name)

Member ID: (Member ID)

ICN: (ICN)

Date(s) of Service: (Date(s) of Service)

Billed Amt: (Billed Amt) TPL Amt: (TPL Amt) HMO Co-Pay Amt: (HMO Copay AMT) Paid Amt: (Paid Amt)

Gentlemen:

Please refer to the ICN (Internal Control Number) and the pertinent information listed above. Your claim reflected a Third Party Liability payment. Our records do not contain information about the availability of health insurance. In the spaces below, please provide information regarding the Third Party Liability payment:

NAME OF INSURANCE COMPANY: _____

ADDRESS OF INSURANCE COMPANY: _____

NAME OF POLICYHOLDER: _____

SOCIAL SECURITY NUMBER OF POLICYHOLDER: _____

HEALTH INSURANCE POLICY NUMBER OR GROUP NUMBER: _____

EFFECTIVE DATE OF POLICY: _____

RELATIONSHIP OF POLICYHOLDER TO PATIENT: _____

If you have any questions regarding the completion of this form, please advise.
Your attention to this matter is greatly appreciated.

2.9.8.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Billed Amt	The amount the provider was billed	11	Decimal	T_PD_UB92_HDR	AMT_BILLED_UB92
City, State, Zip	The city, state, and zip code of the provider	25	Char	T_PR_ADR	ADR_MAIL_CITY+ADR_MAIL_STATE+ADR
Date	The date the letter was generated	8	Date (MM/DD/CCYY)	T_LTR_RQST_TEMPLAT	DTE_GENERATE
Date(s) of Service	Date of service on the claim	8	Date (MM/DD/CCYY)	T_TPL_AR_HEALTH	DTE_FIRST_SERVICE
HMO Copay AMT	HMO Copay amount of the claim	9	Decimal	T_PD_PHYS_HDR	AMT_CO_PAY
ICN	Internal Control Number	17	Char	NUM_ICN_FL	T_HIST_DIRECTORY
Member ID	Medicaid ID of the member	12	Char	T_RE_BASE	ID_MEDICAID
Member Name	The members name (last, first)	28	Char	T_RE_BASE	NAM_LAST+NAME_FIRST
Paid Amt	The claim paid amount	11	Decimal	T_PD_PHYS_DTL	AMT_PAID
Provider Address 1	The first line of the providers street address	20	Char	T_PR_ADR	ADR_MAIL_STRT1
Provider Address 2	The second line of the providers street address	20	Char	T_PR_ADR	ADR_MAIL_STRT2
Provider Name	The providers name	45	Char	T_PR_NAM	NAME
TPL Amt	TPL amount on the claim	11	Decimal	T_PD_PHYS_DTL	AMT_DETAIL_TPL

2.9.8.4 Associated Programs

Program	Description
tpl0023w	Potential TPL for Follow-Up Report, TPL-0023-W, and Discrepancy Letter, TPL-9008-W

2.9.8.5 Associated Requirements

ID
30.020.002.009
30.050.004.002.8
30.090.004.002.13
30.090.004.003.3

2.9.8.6 Change Orders

ID	Name	Description
3477	REL2-Letter Generator	Due to moving to the 2.0 .net framework, letters need to be updated to work correctly.

2.9.9 TPL-9009-M -- Medicare Letter

This letter is printed and sent to the providers for the Medicare billing processes.

2.9.9.1 Technical Name

TPL-9009-M

2.9.9.2 Medicare Letter Layout

(Date)

Reply to the Attention: Third Party Liability

(Provider Number)
(Provider Name)
(Provider Address 1)
(Provider Address 2)
(City, State, Zip)

Dear (Provider Name),

We have been advised Medicare eligibility has been established on a retroactive basis for the attached Medicaid clients.

As the agency had expended funds for services provided on or after the effective date, it will be necessary to refund the department for the complete Title XIX payment and file your charges with the proper Medicare carrier.

Mail your refund to:

Commonwealth of Kentucky
(Address 1)
(Address 2)
(City), (State), (Zip+4)
Attention: TPL Unit

Upon receipt of the explanation of Medicare benefits, you may resubmit your claim and copy of the EOMB for consideration of payment for the deductible and/or coinsurance.

If you have any questions regarding this request, do not hesitate to contact our third party recovery section at: 1-502-209-3000
In-State Toll Free 1-800-607-1459

Thank you for your cooperation.

2.9.9.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
City, State, Zip	The city, state, zip code of the provider	26	Char	T_PR_ADR	ADR_MAIL_CITY
Date	The date the letter was generated	8	Date (MM/DD/CCYY)	T_LTR_RQST_TRK	DTE_SENT
Dear	To whom the letter is sent	50	Char	T_PR_NAM	NAME
Provider Address 1	The first line of the providers street address	30	Char	T_PR_ADR	ADR_MAIL_STR T1
Provider Address 2	The second line of the providers street address	30	Char	T_PR_ADR	ADR_MAIL_STR T2
Provider Name	The providers name	50	Char	T_PR_NAM	NAME
Provider Number	The providers identification number	9	Char	T_PR_PROV	ID_PROVIDER

2.9.9.4 Associated Programs

Program	Description
No associated Programs found.	

2.9.9.5 Associated Requirements

ID
30.050.004.002.7
30.090.004.002.9
30.090.004.003.3

2.9.9.6 Change Orders

ID	Name	Description
3477	REL2-Letter Generator	Due to moving to the 2.0 .net framework, letters need to be updated to work correctly.

2.9.10 TPL-9010-W -- Case Accident Trauma Questionnaire

This letter is printed and sent to the member requesting more information concerning an accident and/or injury

2.9.10.1 Technical Name

TPL-9010-W

For readability, the layout displays on the following pages.

2.9.10.2 Case Accident Trauma Questionnaire Layout

(Date)	Kentucky Department for Medicaid Services
	Reply Attention: Third Party Liability Unit Recovery Section Telephone: (999-999-9999) In-State Toll-Free: (999-999-9999)

HEALTH INSURANCE AND INJURY/ACCIDENT QUESTIONNAIRE

(Member's Name)
 (Member's Addr 1)
 (Member's Addr 2)
 (Member's City), (State) (Zip)

(Month) (DD, CCYY)
 Member ID #: (XXXXXXXXXXX)
 Date of Service: (Date)
 Medical Provider: (Provider Name)
 Diagnosis: (Injury or Accident)

The Kentucky Department for Medicaid Services has paid for medical care you received on the above date. Our records show the treatment was due to an injury/accident. The following information is needed to determine if another source should pay your medical bill(s). Read all sides of this form and **answer only those sections that apply to the injury listed at the top of this form.**

PLEASE NOTE: IF YOU WERE NOT INJURED IN ANY WAY, PLEASE WRITE ON THE QUESTIONNAIRE "HAVE NOT BEEN IN ACCIDENT" AND RETURN TO US IN THE ENCLOSED SELF-ADDRESSED POSTAGE PAID ENVELOPE. IF YOUR ANSWER TO THIS QUESTION IS NO YOU CAN AUTOMATE YOUR RESPONSE BY CALLING 1-800-807-1459, 8:00A.M. TO 4:30 P.M., E.S.T.

If you received any money as a result of this injury (such as insurance payment), please mail us a statement showing how much money you received and what doctor/hospital visit it was for. Do not spend the money until you have talked with your caseworker or someone from the Department for Medicaid Services who can advise you whether any of the money you received must be paid to Medicaid. If you receive any money as a result of an injury and do not report it to Medicaid you could be jeopardizing your eligibility in the Medicaid Program. It is important that you fill out as much of this form as you can. If you have any questions, please contact the Third Party Liability Unit.

IF THE ABOVE DIAGNOSIS IS RELATED TO AN **INJURY**, COMPLETE **SECTION "A"** THEN, GO TO THE NEXT SECTION THAT PERTAINS TO THAT INJURY. IF THE ABOVE DIAGNOSIS IS RELATED TO AN **ILLNESS** ONLY, PLEASE EXPLAIN HOW THE ILLNESS RELATES TO THE ABOVE DIAGNOSIS _____
 THEN COMPLETE **SECTION "A"** AND PROCEED TO **SECTION "K" (PART 2)**.

SECTION A (This section must be completed)

Are you covered by any type of group or individual HEALTH INSURANCE COVERAGE other than MEDICAID or MEDICARE? (examples are: Cancer Policy, Medicare Supplement, Champus, Etc.)
YES **NO** If yes, please provide the following information.
 Name/Address of insurance company _____
 Policy # _____ Group # _____
 Policyholders Name/Address _____
 Social Security # of Policyholder _____ Effective Date of Policy _____ Date of injury _____
 If policy is through an employer, provide the Employers name/address/phone # _____

SECTION B ON THE JOB INJURY
 Date of injury _____ Employers name/address _____
 Work Comp Court Case # _____ Your Social Security # _____ Date of Birth _____
 How did this injury occur? _____
 I authorize the Kentucky Department for Medicaid Services to access the above information with my social security # _____
 (SIGNATURE OF INJURED PARTY) _____ (DATE) _____

GO TO SECTION K (Part 1 & 2)

-
-
-
-

(Member's Name)
 (Member's Id)

-

SECTION C ASSAULT
 What is the name of the person who assaulted you? _____
 Was the injury a result of a BEATING _____ STABBING _____ SHOOTING _____ SEXUAL ASSAULT _____ OTHER _____
 Did you file charges against this person? YES NO
 If yes, where did you file charges (Police/Sheriff Dept)? _____
 If filed with the District Attorney, Name of the County where charges were filed _____
 What is the Court Case #? _____ Date of Injury _____

GO TO SECTION K (Part 1 & 2)

SECTION D MOTORIZED VEHICLE ACCIDENT (CAR, 3-WHEELER, BOAT, MOTORCYCLE)
 Type of vehicle _____ Were you the driver _____ passenger _____ pedestrian _____
 If you were not the driver, list the driver's name here _____
 List other people involved in the accident (including other vehicle) _____
 Where did the accident happen (Street Location, City, State) _____

Did the police investigate and file a report? YES NO . If yes, which law enforcement agency completed the report (highway patrol, sheriff, police).
 List name/address of Agency _____
 If you have a copy of the accident report, please attach.
 Please provide the name of **your** Insurance Company: _____ Policy # _____ Claim # _____
Other driver's Insurance Company Name _____ Policy # _____ Claim # _____
 Date of injury _____

GO TO SECTION K (Part 1 & 2)

SECTION E INJURY AT MY SCHOOL
 Name/address of school _____
 Do you have student accident insurance? YES NO
 If yes, give name of Insurance Company _____
 Policy # _____ Claim # _____ Date of Injury _____
 How did the injury occur? _____

GO TO SECTION K (Part 1 & 2)

SECTION F INJURY AT STORE/OTHER PUBLIC PLACE (department store, grocery store park, daycare, nursing home, etc.)

Give name/address of the store/public place where injury occurred _____
Did you report the incident to someone? YES ___ NO ___ If yes, who did you report it to? _____
Did they complete a report of the incident? YES ___ NO ___ Provide the Policy # _____ Claim # _____
Who is handling your claim? (Name/Phone #) _____
How did this injury occur? _____
Date of Injury _____

GO TO SECTION K (Part 1 & 2)

SECTION G INJURY AT A NEIGHBORS OR RELATIVES HOME

Name/address/phone number where the injury occurred _____
How did the injury occur? _____
Do they have Home Owners insurance? YES ___ NO ___
If yes, Name of Insurance Company _____ Policy # _____ Claim # _____
Agent's Name _____ Phone # _____ Date of Injury _____

GO TO SECTION K (Part 1 & 2)

(Member's Name)

(Member's Id)

SECTION H FAULTY PRODUCT INJURY

Name of product _____ Name of Company _____ Name of insurance company _____
Policy # _____ Claim # _____ Adjusters Name _____ Phone Number _____
How did the injury occur? _____ Date of Injury _____

GO TO SECTION K (Part 1 & 2)

SECTION I MEDICAL MAL PRACTICE INJURY

Name/address/phone number of medical provider (physician, hospital, etc.) _____
Who is handling your claim? (Name/phone #) _____ Date of Injury _____
How did the injury occur? _____

GO TO SECTION K (Part 1 & 2)

SECTION J INJURY AT MY HOME

How did the injury occur? _____
Do you have any insurance which would cover this injury? YES ___ NO ___
If yes, Name of Insurance Company _____ Phone # _____
Policy # _____ Claim # _____ Date of Injury _____

GO TO SECTION K (Part 1 & 2)

SECTION K (Part 1)

What injuries did you incur as a result of the above incident/accident? _____
Have you retained an Attorney due to the above injury? YES ___ NO ___
If yes, provide the Name/Address/Phone Number of your Attorney. _____
Has a lawsuit been filed? YES ___ NO ___
Has a settlement been reached? YES ___ NO ___ If yes, attach a copy of the settlement sheet, which shows how much and who was paid.

SECTION K (Part 2) I authorize any holder of medical and other information about me to release information needed for this or a related Medicaid Claim to the Kentucky Department for Medicaid Services, and I further authorize the release of any such information to any other parties who may be liable for any of my medical expenses. I hereby assign to the DMS all claims against third parties, including tort-feasors and insurance companies who may be liable for any of my medical expenses to the extent that such expenses are paid by Medicaid. I permit a copy of this authorization to be used in place of the original. **I FURTHER UNDERSTAND THAT FAILURE TO PROVIDE THE ABOVE INFORMATION MAY RESULT IN TERMINATION OF MY MEDICAID BENEFITS.**

Member Signature (or guardian, if a minor) _____ Phone # where you can be reached _____ Date _____

2.9.10.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
City	City where recipient resides	15	Character	ADR_CITY	T_RE_BASE
Date	The date the letter was generated	8	Date (MM/DD/CCYY)	T_LTR_RQST_TEMPLAT	DTE_GENERATE
Date Of Service	Date of service on the claim	8	Date (MM/DD/CCYY)	CALCULATED	DTE_FIRST_SVC
Diagnosis	Description of the diagnosis	45	Char	T_DIAGNOSIS	DSC_25
Member ID	Medicaid ID of the member	12	Char	ID_MEDICAID	T_RE_BASE
Member's Addr 2	The second line of the members street address	30	Char	ADR_STREET_2	T_RE_BASE
Member's City	The city where member resides	15	Char	ADR_CITY	T_RE_BASE
Member's Name	The members name	29	Char	NAM_LAST+NAM_FIRST+NAM_MID_INIT	T_RE_BASE
Member's Addr 1	The first line of the members street address	30	Char	ADR_STREET_1	T_RE_BASE
Provider Name	The providers name	45	Char	T_PR_NAM	NAME
State	The state where the member resides	2	Char	ADR_STATE	T_RE_BASE
Zip	The five character zip code for the member	10	Char	ADR_ZIP_CODE	T_RE_BASE

2.9.10.4 Associated Programs

Program	Description
otsortd	Sort - UNIX
tpl0009m	Create Accident/Trauma Report

2.9.10.5 Associated Requirements

ID
No associated Requirements found.

2.9.10.6 Change Orders

ID	Name	Description
No associated Change Orders found.		

2.9.11 TPL-9011-Q -- Insurance Data Share Letter

This letter is printed to request the carrier share their membership data due to the fact that over 100 billings have been sent to that carrier for the year.

2.9.11.1 Technical Name

TPL-9011-Q

2.9.11.2 Insurance Date Share Letter Layout

(Letter Date)

(Carrier Name)

(Carrier Address 1)

(Carrier Address 2)

(Carrier City) , (Carrier State) (Carrier Zip)

Dear Sir/Madam:

By this letter, the Department for Medicaid Services is requesting your company to share with the Department for Medicaid Services coverage data on all persons for which you provide insurance coverage. This request is not a violation of the HIPAA regulations that permit member information to be exchanged between organizations that are both involved with a particular patient, as part of normal treatment, payment and operations. Exchange of data by covered entities for this purpose does not require an authorization for the individual. Therefore, HIPAA does not prevent you from releasing the requested information to the state Medicaid agency. KRS 205.623 directs insurance companies to cooperate with the Department and this request falls within that statute.

Medicaid is the recognized payer of last resort and operates under a federal mandate to recover and cost avoid all claims known to be the responsibility of a third party payer source. In order to satisfy this mandate Medicaid must relieve this information on a regular basis to maintain the coverage database with the Medicaid member files, more accurately proves provider claims and avoid inappropriate claim payments. Failure to cooperate with the Department prevents the Department from conserving extremely limited public funds currently available to the Medicaid program.

If you have any questions or need further information please contact HMS at (770) 980-0400, or at 5660 New Northside Drive, Suite 750, Atlanta, GA 30328 as soon as possible in order to discuss this important issue.

Thank you in advance for your prompt attention to this request,

Sincerely,

Zach Ramsey, Director

2.9.11.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Carrier Address 1	Address line 1 of the carrier	55	Char	T_TPL_CARRIER	ADR_MAIL_STRT1
Carrier Address 2	Address line 2 of the carrier	55	Char	T_TPL_CARRIER	ADR_MAIL_STRT2
Carrier City	City the carrier resides	30	Char	T_TPL_CARRIER	ADR_MAIL_CITY
Carrier Name	Name of the carrier the letter is being sent to	45	Char	T_TPL_CARRIER	NAM_BUS
Carrier State	State the carrier resides	2	Char	T_TPL_CARRIER	ADR_MAIL_STATE
Carrier Zip	Zip code of the carrier	15	Char	T_TPL_CARRIER	ADR_MAIL_ZIP
Letter Date	Date the letter is generated	8	Number	DUAL	SYSDATE

2.9.11.4 Associated Programs

Program	Description
No associated Programs found.	

2.9.11.5 Associated Requirements

ID
30.090.004.003.3

2.9.11.6 Change Orders

ID	Name	Description
1182	Case Insurance Data Share Letter	Create the Insurance Data Share Letter
3528	REL2-DCR2980-TPL-9011-Q Contact	Per DCR2980, change contact information in lower portion of TPL-9011-Q letter to PCG number and address.
4036	REL2-DCR3235-Chg PCG to HMS-Ltrs	Change "Public Consulting Group" to "Health Management Systems, Inc." and "PCG" to "HMS" in various letters.

2.9.12 TPL-9012-W -- Case Trust Recovery Letter

This letter is printed and sent to the Trustee to inform them of the creation of the Trust case.
This letter is sent to the Trustee and is cc'd to OIG.

2.9.12.1 Technical Name

TPL-9012-W

2.9.12.2 Case Trust Recovery Letter Layout

(Date)

(Trustee Name)

(Address1)

(Address2)

(City, State Zip)

RE: (Member Name)

(Member ID)

Dear (Trustee Name):

Please accept this letter as the Department for Medicaid Service's claim against the trust account held on behalf of the above-referenced Member. Medicaid's claim is (Case Amount).

Please make your draft in the amount (Case Amount) payable to the Kentucky State Treasurer with a copy of the last bank statement and forward same to Sherrie Salchli at (502)564-4958, or at Third Party Recovery Section, 275 E. Main St. 6E-B, Frankfort, KY 40621.

Thank you in advance to your prompt attention to this matter. If you should have any questions regarding this claim, please do not hesitate to contact Sherrie Salchli at the above address or at (502)564-4958.

Sincerely,

Zach Ramsey, Director
Division of Fraud, Waste and Abuse/Identification and Prevention

2.9.12.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Address 1	The first line of the trustees street address	30	Char	T_ATTORNEY	ADR_STREET_1
Address 2	The second line of the trustees street address	30	Char	T_ATTORNEY	ADR_STREET_2
Case Amount	Total amount owed by the trust to Medicaid	9	Number	T_TPL_CASE_IN FO	AMT_HOMESTE AD

Field	Description	Length	Data Type	DB Table	DB Attributes
Caseworker Address 1	The first line of the caseworkers street address	30	Char	T_COUNTY_OF FICE	ADR_STREET_1
Caseworker Address 2	The second line of the caseworkers street address	30	Char	T_COUNTY_OF FICE	ADR_STREET_2
Caseworker City	The caseworkers city	22	Char	T_COUNTY_OF FICE	ADR_CITY
Caseworker Phone Number	The caseworkers phone number	10	Char	NA	NA
Caseworker State	The caseworkers state	2	Char	T_COUNTY_OF FICE	ADR_STATE
Caseworker Zip	The caseworkers zip code	9	Char	T_COUNTY_OF FICE	ADR_ZIP_CODE +ADR_ZIP_COD E_4
City	The city where the trustee resides	22	Char	T_ATTORNEY	ADR_CITY
Date	The date the letter was generated	8	Date (MM/DD/CC YY)	T_LTR_RQST_T EMPLAT	DTE_GENERAT E
Member ID	Medicaid ID of the member	12	Char	T_RE_BASE	ID_MEDICAID
Member Name	The members name	29	Char	T_RE_BASE	NAM_FIRST+NA M_LAST
State	The state where the trustee resides	2	Char	T_ATTORNEY	ADR_STATE
Trustee Name	Name of the person handling the trust	25	Char	T_ATTORNEY	NAM_FIRST+NA M_LAST+NAM_ MID_INIT
Zip	The nine digit zip code for the trustee	9	Char	T_ATTORNEY	ADR_ZIP_CODE +ADR_ZIP_COD E_4

2.9.12.4 Associated Programs

Program	Description
No associated Programs found.	

2.9.12.5 Associated Requirements

ID
30.090.004.003.3

2.9.12.6 Change Orders

ID	Name	Description
1227	Case Trust Recovery Letter	Create the Trust Recovery Letter.

2.9.13 TPL-9013-W -- Case Trust Recovery Cash Receipt Letter

This letter is printed and sent to the Trustee to acknowledge the receipt of a check to be applied to the Trust case. This letter is sent to the Trustee and is cc'd to OIG.

2.9.13.1 Technical Name

TPL-9013-W

2.9.13.2 Case Trust Recovery Cash Receipt Letter Layout

(Date)

(Trustee Name)

(Address1)

(Address2)

(City, State Zip)

RE: (Member Name)

(Member ID)

Dear (Trustee Name):

In response to your letter dated (Letter Date), we would like to thank you for your check in the amount of (Check Amount). This has satisfied our lien and this case has been closed.

If you need further assistance, please contact Sherrie Salchli at (502)564-4958, or at Third Party Recovery Section, 275 E. Main St. 6E-B, Frankfort, KY 40621.

Sincerely,

Zach Ramsey, Director

2.9.13.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Address 1	The first line of the trustees street address	30	Char	T_ATTORNEY	ADR_STREET_1
Address 2	The second line of the trustees street address	30	Char	T_ATTORNEY	ADR_STREET_2
Caseworker Address 1	The first line of the caseworkers street address	30	Char	T_COUNTY_OFFICE	ADR_STREET_1
Caseworker Address 2	The second line of the caseworkers street address	30	Char	T_COUNTY_OFFICE	ADR_STREET_2

Field	Description	Length	Data Type	DB Table	DB Attributes
Caseworker City	The caseworkers city	22	Char	T_COUNTY_OFFICE	ADR_CITY
Caseworker Phone Number	The caseworkers phone number	10	Char	NA	NA
Caseworker State	The caseworkers state	2	Char	T_COUNTY_OFFICE	ADR_STATE
Caseworker Zip	The caseworkers zip code	9	Char	T_COUNTY_OFFICE	ADR_ZIP_CODE+ ADR_ZIP_CODE_4
Check Amount	Amount recovered on the Trust case	13	Number (Decimal)	T_CASH_RECEIPT	AMT_PAID
City	The city where the trustee resides	22	Char	T_ATTORNEY	ADR_CITY
Date	The date the letter was generated	8	Date (MM/DD/CCYY)	NA	NA
Letter Date	The date recovery was received	8	Date (MM/DD/CCYY)	NA	NA
Member ID	Medicaid ID of the member	12	Char	T_RE_BASE	ID_MEDICAID
Member Name	The members name	30	Char	T_RE_BASE	NAM_FIRST+NAM_LAST
State	The state where the trustee resides	2	Char	T_ATTORNEY	ADR_STATE
Trustee Name	Name of the person handling the trust	25	Char	T_ATTORNEY	NAM_FIRST+NAM_LAST+NAM_MID_INIT
Zip	The nine digit zip code for the trustee	9	Char	T_ATTORNEY	ADR_ZIP_CODE+ ADR_ZIP_CODE_4

2.9.13.4 Associated Programs

Program	Description
No associated Programs found.	

2.9.13.5 Associated Requirements

ID
30.090.004.003.3

2.9.13.6 Change Orders

ID	Name	Description
1225	Trust Recovery Receipt Letter	Trust Recovery Receipt Letter - TPL-0913-W. This letter is generated after the OIG receives the funds on a trust case from the trustee.

2.9.14 TPL-9014-W -- Case Trust Recovery Refund Letter

This letter is printed and sent to the Trustee when the Trust sends too much money and accompanies the refund check. This letter is sent to the Trustee and is cc'd to OIG.

2.9.14.1 Technical Name

TPL-9014-W

2.9.14.2 Case Trust Recovery Refund Letter Layout

(Date)

(Trustee Name)
(Address1)
(Address2)
(City, State Zip)

RE: (Member Name)
(Member ID)

Dear (Trustee Name):

Enclosed please find a check issued to you in the amount of (Refund Amt). The following amount is left from the trust of (Member Name). Medicaid has applied all funds to the expenditure paid on the behalf of (Member Name).

If you need further assistance, please contact Sherrie Salchli at (502)564-4958, or at Third Party Recovery Section, 275 E. Main St. 6E-B, Frankfort, KY 40621.

Sincerely,

Zach Ramsey, Director

2.9.14.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Address 1	The first line of the trustees street address	30	Char	T_ATTORNEY	ADR_STREET_1
Address 2	The second line of the trustees street address	30	Char	T_ATTORNEY	ADR_STREET_2
Caseworker Address 1	The first line of the caseworkers street address	30	Char	T_COUNTY_OFFICE	ADR_STREET_1
Caseworker Address 2	The second line of the caseworkers street address	30	Char	T_COUNTY_OFFICE	ADR_STREET_2

Field	Description	Length	Data Type	DB Table	DB Attributes
Caseworker City	The caseworkers city	22	Char	T_COUNTY_OFFICE	ADR_CITY
Caseworker Name	The name of the Caseworker	30	Char	T_RE_CASE	NAM_FIRST+NAM_LAST
Caseworker Phone Number	The caseworkers phone number	10	Char	NA	NA
Caseworker State	The caseworkers state	2	Char	T_COUNTY_OFFICE	ADR_STATE
Caseworker Zip	The caseworkers zip code	9	Char	T_COUNTY_OFFICE	ADR_ZIP_CODE+ADR_ZIP_CODE_4
City	The city where the trustee resides	22	Char	T_ATTORNEY	ADR_CITY
Date	The date the letter was generated	8	Date (MM/DD/CCYY)	T_LTR_RQST_TEMPLATE	DTE_GENERATE
Letter Date	The date recovery was received	8	Date (MM/DD/CCYY)	NA	NA
Member ID	Medicaid ID of the member	12	Char	T_RE_BASE	ID_MEDICAID
Member Name	The members name	30	Char	T_RE_BASE	NAM_FIRST+NAM_LAST
Refund Amount	Amount refunded to the Trustee due to an overpayment	11	Decimal	T_EXPENDITURE	AMT_PAID
State	The state where the trustee resides	2	Char	T_ATTORNEY	ADR_STATE
Trustee Name	Name of the person handling the trust	25	Char	T_ATTORNEY	NAM_FIRST+NAM_LAST+NAM_MID_INIT
Zip	The nine digit zip code for the trustee	9	Char	T_ATTORNEY	ADR_ZIP_CODE+ADR_ZIP_CODE_4

2.9.14.4 Associated Programs

Program	Description
No associated Programs found.	

2.9.14.5 Associated Requirements

ID
30.090.004.003.3

2.9.14.6 Change Orders

ID	Name	Description
1226	CaseTrust Recery Refund Letter	Trust Recovery Refund Letter. TPL-9014-W. This letter is generated if the amount received from the trustee is more than the claims it was intended to pay for.

2.9.15 TPL-9015-D -- Case Accident Trauma Questionnaire Follow-Up

2.9.15.1 Technical Name

TPL-9015-D

2.9.15.2 Case Accident Trauma Questionnaire Follow Up Layout

(Date)	Kentucky Department for Medicaid Services (Orig Date Sent)
Reply Attention:	Third Party Liability Unit Recovery Section 502-209-3000 1-800-8071459
Telephone:	
In-State Toll-Free:	

HEALTH INSURANCE AND INJURY/ACCIDENT QUESTIONNAIRE

(Member's Name) (Member's Addr 1) (Member's Addr 2) (Member's City), (State) (Zip)	(Month) (DD, CCYY) Member ID #: (XXXXXXXXXXXXX) Date of Service: (Date) Medical Provider: (Provider Name) Diagnosis: (Injury or Accident)
---	---

The Kentucky Department for Medicaid Services has paid for medical care you received on the above date. Our records show the treatment was due to an injury/accident. The following information is needed to determine if another source should pay your medical bill(s). Read all sides of this form and **answer only those sections that apply to the injury listed at the top of this form.**

PLEASE NOTE: IF YOU WERE NOT INJURED IN ANY WAY, PLEASE WRITE ON THE QUESTIONNAIRE "HAVE NOT BEEN IN ACCIDENT" AND RETURN TO US IN THE ENCLOSED SELF-ADDRESSED POSTAGE PAID ENVELOPE. IF YOUR ANSWER TO THIS QUESTION IS NO YOU CAN AUTOMATE YOUR RESPONSE BY CALLING 1-800-807-1459, 8:00A.M. TO 4:30 P.M., E.S.T.

If you received any money as a result of this injury (such as insurance payment), please mail us a statement showing how much money you received and what doctor/hospital visit it was for. Do not spend the money until you have talked with your caseworker or someone from the Department for Medicaid Services who can advise you whether any of the money you received must be paid to Medicaid. If you receive any money as a result of an injury and do not report it to Medicaid you could be jeopardizing your eligibility in the Medicaid Program. It is important that you fill out as much of this form as you can. If you have any questions, please contact the Third Party Liability Unit.

IF THE ABOVE DIAGNOSIS IS RELATED TO AN **INJURY**, COMPLETE **SECTION "A"** THEN, GO TO THE NEXT SECTION THAT PERTAINS TO THAT INJURY. IF THE ABOVE DIAGNOSIS IS RELATED TO AN **ILLNESS** ONLY, PLEASE EXPLAIN HOW THE ILLNESS RELATES TO THE ABOVE DIAGNOSIS _____
THEN COMPLETE **SECTION "A"** AND PROCEED TO **SECTION "K"(PART 2)**.

SECTION A (This section must be completed)

Are you covered by any type of group or individual HEALTH INSURANCE COVERAGE other than MEDICAID or MEDICARE? (examples are: Cancer Policy, Medicare Supplement, Champus, Etc.)
YES ☐ **NO** ☐ If yes, please provide the following information.
 Name/Address of insurance company _____
 Policy # _____ Group # _____
 Policyholders Name/Address _____
 Social Security # of Policyholder _____ Effective Date of Policy _____ Date of injury _____
 If policy is through an employer, provide the Employers name/address/phone # _____

SECTION B**ON-THE-JOB INJURY**

Date of injury _____ Employers name/address _____
 Work Comp Court Case # _____ Your Social Security # _____ Date of Birth _____
 How did this injury occur? _____
 I authorize the Kentucky Department for Medicaid Services to access the above information with my social security # _____
 (SIGNATURE OF INJURED PARTY) _____ (DATE) _____

GO TO SECTION K (Part 1 & 2)

(Member's Name)
 (Member's Id)

SECTION C**ASSAULT**

What is the name of the person who assaulted you? _____
 Was the injury a result of a BEATING _____ STABBING _____ SHOOTING _____ SEXUAL ASSAULT _____ OTHER _____
 Did you file charges against this person? YES _____ NO _____
 If yes, where did you file charges (Police/Sheriff Dept)? _____
 If filed with the District Attorney, Name of the County where charges were filed _____
 What is the Court Case #? _____ Date of Injury _____

GO TO SECTION K (Part 1 & 2)**SECTION D** **MOTORIZED VEHICLE ACCIDENT (CAR, 3-WHEELER, BOAT, MOTORCYCLE)**

Type of vehicle _____ Were you the driver _____ passenger _____ pedestrian _____
 If you were not the driver, list the driver's name here _____
 List other people involved in the accident (including other vehicle) _____
 Where did the accident happen (Street Location, City, State) _____
 Did the police investigate and file a report? YES _____ NO _____ If yes, which law enforcement agency completed the report (highway patrol, sheriff, police).
 List name/address of Agency _____
 If you have a copy of the accident report, please attach.
 Please provide the name of your Insurance Company. _____ Policy # _____ Claim # _____
 Other driver's Insurance Company Name _____ Policy # _____ Claim # _____
 Date of injury _____

GO TO SECTION K (Part 1 & 2)**SECTION E****INJURY AT MY SCHOOL**

Name/address of school _____
 Do you have student accident insurance? YES _____ NO _____
 If yes, give name of Insurance Company _____
 Policy # _____ Claim # _____ Date of Injury _____
 How did the injury occur? _____

GO TO SECTION K (Part 1 & 2)**SECTION F****INJURY AT STORE/OTHER PUBLIC PLACE**

(department store, grocery store park, daycare, nursing home, etc.)

Give name/address of the store/public place where injury occurred _____
 Did you report the incident to someone? YES _____ NO _____ If yes, who did you report it to? _____
 Did they complete a report of the incident? YES _____ NO _____ Provide the Policy # _____ Claim # _____
 Who is handling your claim? (Name/Phone #) _____
 How did this injury occur? _____
 Date of Injury _____

GO TO SECTION K (Part 1 & 2)**SECTION G****INJURY AT A NEIGHBORS OR RELATIVES HOME**

Name/address/phone number where the injury occurred _____
 How did the injury occur? _____
 Do they have Home Owners insurance? YES _____ NO _____
 If yes, Name of Insurance Company _____ Policy # _____ Claim # _____
 Agent's Name _____ Phone # _____ Date of Injury _____

GO TO SECTION K (Part 1 & 2)

(Member's Name)
 (Member's Id)

SECTION H**FAULTY PRODUCT INJURY**

Name of product _____ Name of Company _____ Name of insurance company _____
 Policy # _____ Claim # _____ Adjusters Name _____ Phone Number _____
 How did the injury occur? _____ Date of Injury _____

GO TO SECTION K (Part 1 & 2)**SECTION I****MEDICAL MAL-PRACTICE INJURY**

Name/address/phone number of medical provider (physician, hospital, etc.) _____
 Who is handling your claim? (Name/phone #) _____ Date of Injury _____
 How did the injury occur? _____

GO TO SECTION K (Part 1 & 2)**SECTION J****INJURY AT MY HOME**

How did the injury occur? _____
 Do you have any insurance which would cover this injury? YES _____ NO _____
 If yes, Name of Insurance Company _____ Phone # _____
 Policy # _____ Claim # _____ Date of Injury _____

GO TO SECTION K (Part 1 & 2)

SECTION K (Part 1)

What injuries did you incur as a result of the above incident/accident? _____
 Have you retained an Attorney due to the above injury? YES ___ NO ___
 If yes, provide the Name/Address/Phone Number of your Attorney: _____
 Has a lawsuit been filed? YES ___ NO ___
 Has a settlement been reached? YES ___ NO ___ If yes, attach a copy of the settlement sheet, which shows how much and who was paid.

SECTION K (Part 2) I authorize any holder of medical and other information about me to release information needed for this or a related Medicaid Claim to the Kentucky Department for Medicaid Services, and I further authorize the release of any such information to any other parties who may be liable for any of my medical expenses. I hereby assign to the DMS all claims against third parties, including tort-feasors and insurance companies who may be liable for any of my medical expenses to the extent that such expenses are paid by Medicaid. I permit a copy of this authorization to be used in place of the original. I **FURTHER UNDERSTAND THAT FAILURE TO PROVIDE THE ABOVE INFORMATION MAY RESULT IN TERMINATION OF MY MEDICAID BENEFITS.**

Member Signature (or guardian, if a minor) _____ Phone # where you can be reached _____ Date _____

(Building Name) * (9999 Street), (Suite 99) * (Town), (ST) (9999) * (999-999-9999)
 An Equal Opportunity Employer

2.9.15.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
City	City where recipient resides	15	Character	ADR_CITY	T_RE_BASE
Date	The date the letter was generated	8	Date (MM/DD/CCYY)	T_LTR_RQST_TEMPLAT	DTE_GENERATE
Date Of Service	Date of service on the claim	8	Date (MM/DD/CCYY)	CALCULATED	DTE_FIRST_SVC
Diagnosis	Description of the diagnosis	45	Char	T_DIAGNOSIS	DSC_25
Member ID	Medicaid ID of the member	12	Char	ID_MEDICAID	T_RE_BASE
Member's Addr 2	The second line of the members street address	30	Char	ADR_STREET_2	T_RE_BASE
Member's City	The city where member resides	15	Char	ADR_CITY	T_RE_BASE
Member's Name	The members name	29	Char	NAM_LAST+NAM_FIRST+NAM_MID_INIT	T_RE_BASE
Member's Addr 1	The first line of the members street address	30	Char	ADR_STREET_1	T_RE_BASE

Field	Description	Length	Data Type	DB Table	DB Attributes
Provider Name	The providers name	45	Char	T_PR_NAM	NAME
State	The state where the member resides	2	Char	ADR_STATE	T_RE_BASE
Zip	The five character zip code for the member	10	Char	ADR_ZIP_CODE	T_RE_BASE

2.9.15.4 Associated Programs

Program	Description
No associated Programs found.	

2.9.15.5 Associated Requirements

ID
No associated Requirements found.

2.9.15.6 Change Orders

ID	Name	Description
2190	Promote to MO	Promotes CORE change orders to KY Test/MO

2.9.16 TPL-9017-D -- Policy Verification Letter Follow Up

2.9.16.1 Technical Name

TPL-9017-D

2.9.16.2 Policy Verification Letter Follow Up Layout

(Month) (DD, CCYY)

Original Date Sent: (Month DD, CCYY)

(Carrier Name)
(Carrier Addr 1)
(Carrier Addr 2)
(Carrier City), (State) (ZIP + 4)

Carrier ID: (Carrier ID)

Group Number: (Group Number)

Member ID/Name/SSN
(Member ID)
(Member Name)
(SSN)

Policy Number/Name
(Policy Number)
(Policyholder Name)

Dear insurance carrier,

EDS, as the fiscal agent , is currently handling all claims processing for the Department for Medicaid Services (DMS).

The Department for Medicaid Services has a right to obtain information if the Medicaid card is used by a recipient. We are requesting that you provide the necessary information in accordance with KRS 205.520, which states:

It is the intention of the general assembly to comply with the provisions of Title XIX of the Social Security Act which require that the Kentucky Medical Assistance Program recover from third parties which have a legal liability to pay for care or services paid by the Kentucky Medical Assistance Program.

The Kentucky Medical Assistance Program shall be the payor of last resort and its right to recover under this Act shall be superior to any right of reimbursement, subrogation, or indemnity of any liable third party.

Federal regulations mandate the Department for Medicaid Services pursue its assignment rights. Return this form with any changes and in the event the policy has lapsed, furnish the last date of coverage.

Please respond within 10 days of receipt. Failure to comply could result in notification to the Kentucky Department of Insurance of all specifications of this case information.

IF YOU CAN NOT IDENTIFY THE POLICYHOLDER OR DEPENDENT(S) AUTOMATE YOUR RESPONSE BY CALLING 1-999-999-9999, 8:00A.M. TO 4:30 P.M. E.S.T.

Type of Coverage (check all that apply)

☐ Hospital
☐ Medical
☐ Dental
☐ Vision
☐ Drugs (please specify the Drug Carrier: _____)

☐ Major Medical
☐ Comprehensive Major Medical
☐ Specialized Coverage (example: Cancer) Please specify: _____
☐ Other (example: Supplemental Income) Please specify: _____
☐ Indemnity (please specify whom benefits are assigned: _____)

PLEASE COMPLETE THE FOLLOWING:

Name of representative: _____
Billing address for claims: _____
Telephone Number: _____

2.9.16.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Carrier Addr 1	The first line of the street address for the group	30	Char	T_TPL_CARRIE R	ADR_MAIL_ST RT1
Carrier Addr 2	The second line of the street address for the group	30	Char	T_TPL_CARRIE R	ADR_MAIL_ST RT2
Carrier Name	The name of the group	30	Char	T_TPL_CARRIE R	NAM_BUS
City, State, Zip	The city, state, and zip code for the group	26	Char	T_TPL_CARRIE R	ADR_MAIL_CIT Y+ADR_MAIL_S TATE+ADR

Field	Description	Length	Data Type	DB Table	DB Attributes
Date	Date the report was generated	8	Date (MM/DD/CCYY)	T_LTR_RQST_TEMPLAT	DTE_GENERATE
Group Number	The policy group number	12	Char	T_TPL_RESOURCE	NUM_GROUP
Member ID	Medicaid ID of the member	12	Char	T_RE_BASE	ID_MEDICAID
Member Name	The members last name	29	Char	T_RE_BASE	NAM_LAST
Member SSN	The policyholders social security number	9	Char	T_POLICYHOLDER	NUM_SSN
Policy Number	The policy number of the member	16	Char	T_TPL_RESOURCE	NUM_TPL_POLICY
Policyholder Name	The policyholders name (Last, First, MI)	29	Char	T_POLICYHOLDER	NAM_LAST+NAM_FIRST+NAM_MID_INIT

2.9.16.4 Associated Programs

Program	Description
No associated Programs found.	

2.9.16.5 Associated Requirements

ID
30.090.004.003.3

2.9.16.6 Change Orders

ID	Name	Description
3109	Insurance Verification Letter	Create Insurance Verification Letter to customer specification
3111	Insurance Verification Followup	Insurance Verification Follow-up letter batch process to customer specifications
3166	REL2-T_TPL_LTR_RESP_XREF	Produce a daily process which inserts a row into T_TPL_LTR_RESP_XREF when a letter was requested by inserting a row into T_LG_LETTER_REQUEST.

ID	Name	Description
4709	Carrier code table for q-nnaires	Currently, we are not indicating the Carrier code on the insurance questionnaires. This needs to be added in order for the carrier to be able to call into Spanlink.
4978	Ins. Verific. Letter Followup	<p>1. Failed - There is no carrier ID field in the letter that printed in OnBase like it shows in PWB.</p> <p>19. Failed - In the types of coverage on page 2 of letter, the Vision Coverage field was omitted in the letter, it appears in PWB.</p> <p>24. Failed - "information" spelled "information" in line 4 of body of letter</p>

2.9.17 TPL-9020-R -- HIPP Policyholder Missing Information on Questionnaire

This letter is generated when a user accesses the HIPP Letter window when a HIPP questionnaire is returned from a policyholder (employee) with missing information.

This letter is sent to the policyholder.

2.9.17.1 Technical Name

TPL-9020-R

2.9.17.2 HIPP Policyholder Missing Information on Questionnaire Layout

		KyHealth Choices – HIPP Unit (Address) (City), (ST) (Zip + 4) HIPP Unit: (Phone) FAX: (Fax)
(Name) (Address 1) (Address 2) (City), (State) (Zip)	Date: (Date) SSN: (SSN)	

We are unable to process the enclosed Health Insurance Premium Payment (HIPP) referral because some of the information is missing. Please review the item(s) highlighted on the attached questionnaire and fill in the information so we can continue to process your referral.

In addition, to help speed up the evaluation process, please fill in the blanks below, if you have the information:

Your Medical Insurance Company: _____

Group Number: _____ Policyholder ID # _____

Spouse's Medical Insurance Company: _____

Group Number: _____ Policyholder ID # _____

Please return this letter and the questionnaire to the HIPP Unit within 10 days using the enclosed postage paid label.

If you have any questions, please call the HIPP Unit at (999-999-9999).

2.9.17.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Address	The address of the HIPP unit.	30	Char	N/A	GENERATED
Address 1	The first line of the policyholder's address	30	Char	T_POLICY_HOLD ER	ADR_MAIL_STR T1
Address 2	The second line of the policyholders street address	30	Char	T_POLICY_HOLD ER	ADR_MAIL_STR T2
City	The city of the policyholder	15	Char	T_POLICY_HOLD ER	ADR_MAIL_CITY

Field	Description	Length	Data Type	DB Table	DB Attributes
City	The city of the HIPP unit	15	Char	N/A	GENERATED
Date	The date the letter was generated	8	Date (MM/DD/CCYY)	T_LTR_RQST_TRK	DTE_SENT
Fax	The fax number for the HIPP unit	10	Char	N/A	GENERATED
Name	The policyholders name.	29	Char	T_POLICY_HOLDER	NAM_LAST+NAM_FIRST+NAM_MID_INIT
Phone	The phone number for the HIPP unit.	10	Char	N/A	GENERATED
SSN	The policyholders social security number	9	Char	T_POLICY_HOLDER	NUM_SSN
ST	The state of the HIPP unit.	2	Char	N/A	GENERATED
State	The policyholders state	2	Char	T_POLICY_HOLDER	ADR_MAIL_STATE
Zip	The policyholders zip	5	Char	T_POLICY_HOLDER	ADR_MAIL_ZIP
Zip+4	The 9 digit zip code for the HIPP unit address.	9	Char	T_POLICY_HOLDER	ADR_MAIL_ZIP_4

2.9.17.4 Associated Programs

Program	Description
No associated Programs found.	

2.9.17.5 Associated Requirements

ID
30.020.004.002
30.050.004.002.18
30.090.004.002.21
30.090.004.003.3

2.9.17.6 Change Orders

ID	Name	Description
2575	HIPP Letters	Update the HIPP letters to accommodate new fields.
4456	REL2 - Multi Recip Addr Letters	Update letters to use the t_re_multi_address table if multiple locations exist for the member.

2.9.18 TPL-9022-R -- HIPP Employer Questionnaire

This letter is generated to request information from the employer about a specific policyholder. A user generates this letter by accessing the HIPP Case Letter window.

This letter is sent to the employer.

2.9.18.1 Technical Name

TPL-9022-R

For readability, the layout displays on the next page.

2.9.18.2 HIPP Employer Questionnaire Layout

KyHealth Choices – HIPP Unit
 (Address)
 (City), (ST) (Zip + 4)
 HIPP Unit: (Phone)
 FAX: (Fax)

(Employer Name)
 Attn: (Attn)
 (Address1)
 (Address2)
 (City), (State) (Zip)

Date: (Date)
 Employee: (Employee)
 SSN: (SSN)

Through a Health Insurance Premium Payment (HIPP) program, (State) Medicaid can pay employer based group health insurance premiums for Medicaid beneficiaries if paying the insurance premiums costs much less than paying the medical bills directly. We are reviewing HIPP for the individual below and need information regarding your company. Please complete the information below:

Is (First Name) currently employed? _____ DATE HIRED _____ TERM DATE _____

Is Health Insurance available for (First Name) and/or (First Name)'s dependents? _____

If not, why? _____

Is (First Name) currently enrolled? _____ Effective date _____

Are (First Name)'s dependents enrolled? _____ Please list names and effective dates:

Availability of Health Insurance for Employees

☐ Health insurance is not available ☐ Health insurance is available through our company for ☐ FT/hourly ☐ FT/Salaried ☐ PT employees

When can employees enroll in group health insurance? ☐ Any time ☐ During Open Enrollment ☐ Other _____

Open enrollment period begins _____ and ends _____

When will the coverage take effect? _____

Please indicate the employee's share of health/dental premiums and the frequency of payroll deduction.

	Medical	Dental						
Employee Only			<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Semi Monthly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Other _____	
Employee/Spouse			<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Semi Monthly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Other _____	
Employee/Child(ren)			<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Semi Monthly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Other _____	
Employee/Family			<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Semi Monthly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Other _____	
Is the payroll deduction	<input type="checkbox"/> Pre-Tax?	<input type="checkbox"/> After Tax?						

	Insurance Company	Address	Policy # / Group #
Hospital/Medical			
Drugs			
Dental			
Vision			

* If this information is contained in your policy booklet and/or Schedule of Benefits, this table does not need to be completed!

Please use the attached mailing label to send us:

• **This questionnaire** • **A copy of your insurance policy booklet and/or a Schedule of Benefits**

If we need further information, whom should we contact?

Name: _____ Phone: _____

Questions? Call (999-999-9999). Thank you for your prompt attention to this matter!

2.9.18.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Address	The address of the HIPP unit.	30	Char	N/A	GENERATED
Address 1	The first line of the employers street address	30	Char	T_TPL_EMPLOYER	ADR_MAIL_STRT1
Address 2	The second line of the employers street address	30	Char	T_TPL_EMPLOYER	ADR_MAIL_STRT2
Attn:	The contact name for the employer	31	Char	T_TPL_EMPLOYER	NAM_CONTACT
City	The city of the employer	15	Char	T_TPL_EMPLOYER	ADR_MAIL_CITY
City	The city of the HIPP unit	15	Char	N/A	GENERATED
Date	The date the letter was generated	8	Date (MM/DD/CCYY)	T_LTR_RQST_TEMPLAT	DTE_GENERATE
Employee	The name of the policyholder	31	Char	T_POLICY_HOLDER	NAM_LAST+NAM_FIRST+NAM_MID_INIT
Employer Name	The employers name	40	Char	T_TPL_EMPLOYER	NAM_BUS
Fax	The fax number for the HIPP unit	10	Char	N/A	GENERATED
Phone	The phone number for the HIPP unit.	10	Char	N/A	GENERATED
SSN	The policyholders social security number	9	Char	T_POLICY_HOLDER	NUM_SSN
ST	The state of the HIPP unit.	2	Char	N/A	GENERATED
State	The state of the employer	2	Char	T_TPL_EMPLOYER	ADR_MAIL_STATE
Zip	The zip code of the employer	5	Char	T_TPL_EMPLOYER	ADR_MAIL_ZIP

Field	Description	Length	Data Type	DB Table	DB Attributes
Zip+4	The 9 digit zip code for the HIPP unit address.	9	Char	T_POLICY_HOLDER	ADR_MAIL_ZIP_4

2.9.18.4 Associated Programs

Program	Description
No associated Programs found.	

2.9.18.5 Associated Requirements

ID
30.020.004.002
30.050.004.002.18
30.090.004.002.21
30.090.004.003.3

2.9.18.6 Change Orders

ID	Name	Description
2575	HIPP Letters	Update the HIPP letters to accommodate new fields.

2.9.19 TPL-9023-D -- HIPP Employer Questionnaire - Second Request

This letter is generated to request information from the employer about a specific policyholder. It is produced through a daily batch job. It is generated when no response has been received from the first HIPP Employer Questionnaire and it has been 30 days since the first letter was sent.

2.9.19.1 Technical Name

TPL-9023-D

For readability, this layout displays on the next page.

2.9.19.2 HIPP Employer Questionnaire – Second Request Layout

(State) Medical Assistance Programs – HIPP Unit
(Address)
(City), (ST) (Zip + 4)
HIPP Unit: (Phone)
FAX: (Fax)

SECOND REQUEST

(Employer Name) _____ Date: _____ (Date)
 Attn: (Attn) _____ Employee: _____ (Employee)
 (Address) _____ SSN: _____ (SSN)
 (City), (State) (Zip) _____

Through a Health Insurance Premium Payment (HIPP) program, (State) Medicaid can pay employer based group health insurance premiums for Medicaid beneficiaries if paying the insurance premiums costs much less than paying the medical bills directly. We are reviewing HIPP for the individual below and need information regarding your company. Please complete the information below:

Is (First Name) currently employed? _____ DATE HIRED _____ TERM DATE _____
 Is Health Insurance available for (First Name) and/or (First Name)'s dependents? _____
 If not, why? _____
 Is (First Name) currently enrolled? _____ Effective date _____
 Are (First Name)'s dependents enrolled? _____ Please list names and effective dates: _____

Availability of Health Insurance for Employees

☐ Health insurance is not available ☐ Health insurance is available through our company for ☐ FT/hourly ☐ FT/Salaried ☐ PT employees

When can employees enroll in group health insurance? ☐ Any time ☐ During Open Enrollment ☐ Other _____

Open enrollment period begins _____ and ends _____

When will the coverage take effect? _____

Please indicate the employee's share of health/dental premiums and the frequency of payroll deduction.

	Medical	Dental						
Employee Only			<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Semi Monthly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Other _____	
Employee/Spouse			<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Semi Monthly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Other _____	
Employee/Child(ren)			<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Semi Monthly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Other _____	
Employee/Family			<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Semi Monthly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Other _____	

Is the payroll deduction ☐ Pre-Tax? ☐ After Tax?

	Insurance Company	Address	Policy # / Group #
Hospital/Medical			
Drugs			
Dental			
Vision			

• If this information is contained in your policy booklet and/or Schedule of Benefits, this table does not need to be completed!

Please use the attached mailing label to send us:

• This questionnaire • A copy of your insurance policy booklet and/or a Schedule of Benefits

If we need further information, whom should we contact?

Name: _____ Phone: _____

Questions? Call (999-999-9999). Thank you for your prompt attention to this matter!

2.9.19.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Address	The first line of the employers street address	60	Char	T_TPL_EMPLOYER	ADR_MAIL_STRT1

Field	Description	Length	Data Type	DB Table	DB Attributes
Address	The address of the HIPP unit.	30	Char	N/A	GENERATED
Attn:	The contact name for the employer	31	Char	T_TPL_EMPLOYER	NAM_CONTACT
City	The city of the employer	15	Char	T_TPL_EMPLOYER	ADR_MAIL_CITY
City	The city of the HIPP unit	15	Char	N/A	GENERATED
Date	The date the letter was generated	8	Date (MM/DD/CCYY)	T_LTR_RQST_TEMPLAT	DTE_GENERATE
Employee	The name of the policyholder	31	Char	T_POLICY_HOLDER	NAM_LAST+NAM_FIRST+NAM_MID_INIT
Employer Name	The employers name	39	Char	T_TPL_EMPLOYER	NAM_BUS
Fax	The fax number for the HIPP unit	10	Char	N/A	GENERATED
Phone	The phone number for the HIPP unit.	10	Char	N/A	GENERATED
SSN	The policyholders social security number	9	Char	T_POLICY_HOLDER	NUM_SSN
ST	The state of the HIPP unit.	2	Char	N/A	GENERATED
State	The state of the employer	2	Char	T_TPL_EMPLOYER	ADR_MAIL_STATE
Zip	The zip code of the employer	5	Char	T_TPL_EMPLOYER	ADR_MAIL_ZIP
Zip+4	The 9 digit zip code for the HIPP unit address.	9	Char	T_POLICY_HOLDER	ADR_MAIL_ZIP_4

2.9.19.4 Associated Programs

Program	Description
No associated Programs found.	

2.9.19.5 Associated Requirements

ID
30.050.004.002.18
30.090.004.002.21
30.090.004.003.3

2.9.19.6 Change Orders

ID	Name	Description
2575	HIPP Letters	Update the HIPP letters to accommodate new fields.
3166	REL2-T_TPL_LTR_RESP_XREF	Produce a daily process which inserts a row into T_TPL_LTR_RESP_XREF when a letter was requested by inserting a row into T_LG_LETTER_REQUEST.
4262	Rel 2 - HIPP follow up letters	Create a batch process to request the HIPP follow-up letters.

2.9.20 TPL-9024-R -- HIPP Employer Missing Information on Questionnaire

This letter is generated to request information from the employer about the policyholder when a questionnaire is returned with missing, incomplete or inconsistent data. The letter is generated in the HIPP Case Letter window.

This letter is sent to the employer.

2.9.20.1 Technical Name

TPL-9024-R

For readability the layout displays on the next page.

2.9.20.2 TPL-9024-R Layout

KyHealth Choices – HIPP Unit
 (Address)
 (City), (ST) (Zip + 4)
 HIPP Unit: (Phone)
 FAX: (Fax)

(Employer Name)
 Attn: (Attn)
 (Address1)
 (Address2)
 (City), (State) (Zip)

Date: (Date)
 Employee: (Employee)
 SSN: (SSN)

We are unable to process the enclosed questionnaire because some of the information is missing, incomplete or inconsistent. Please review the items highlighted below, compare to the questionnaire and make the necessary corrections. Please return this letter and the questionnaire to the Health Insurance Premium Payment (HIPP) unit within 10 days using the enclosed postage paid label.

If you are unable to provide this information, please return this letter with a brief note indicating the address, phone number, etc., of whom we may contact to obtain the requested information. We greatly appreciate your prompt attention to this matter so that we can proceed with the analysis to determine if it is cost effective to assist this employee with insurance premiums.

Availability of Health Insurance for Employees

☐ Health insurance is not available ☐ Health insurance is available through our company for ☐ FT/hourly ☐ FT/Salaried ☐ PT employees

When can employees enroll in group health insurance? ☐ Any time ☐ During Open Enrollment ☐ Other

Open enrollment period begins _____ and ends _____

When will the coverage take effect? _____

Please indicate the employee's share of health/dental premiums and the frequency of payroll deduction.

	Medical	Dental					
Employee Only			<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Semi-Monthly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Other _____
Employee/Spouse			<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Semi-Monthly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Other _____
Employee/Child(ren)			<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Semi-Monthly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Other _____
Employee/Family			<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Semi-Monthly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Other _____
Is the payroll deduction <input type="checkbox"/> Pre-Tax? <input type="checkbox"/> After Tax?							

	<i>Insurance Company</i>	<i>Address</i>	<i>Policy # / Group #</i>
Hospital/Medical			
Drugs			
Dental			
Vision			

• If this information is contained in your policy booklet and/or Schedule of Benefits, this table does not need to be completed!

Please use the attached mailing label to send us:

• **This questionnaire** • **A copy of your insurance policy booklet and/or a Schedule of Benefits**

If we need further information, whom should we contact?

Name: _____ Phone: _____

Questions? Call (999-999-9999). Thank you for your prompt attention to this matter!

2.9.20.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Address	The address of the HIPP unit.	30	Char	N/A	GENERATED
Address 1	The first line of the employers street address	30	Char	T_TPL_EMPLOYER	ADR_MAIL_STRT1
Address 2	The second line of the employers street address	30	Char	T_TPL_EMPLOYER	ADR_MAIL_STRT2
Attn:	The contact name for the employer	31	Char	T_TPL_EMPLOYER	NAM_CONTACT
City	The city of the employer	15	Char	T_TPL_EMPLOYER	ADR_MAIL_CITY
City	The city of the HIPP unit	15	Char	N/A	GENERATED
Date	The date the letter was generated	8	Date (MM/DD/CCYY)	T_LTR_RQST_TEMPLAT	DTE_GENERATE
Employee	The name of the policyholder	31	Char	T_POLICY_HOLDER	NAM_LAST+NAM_FIRST+NAM_MID_INIT
Employer Name	The employers name	39	Char	T_TPL_EMPLOYER	NAM_BUS

Field	Description	Length	Data Type	DB Table	DB Attributes
Fax	The fax number for the HIPP unit	10	Char	N/A	GENERATED
Phone	The phone number for the HIPP unit.	10	Char	N/A	GENERATED
SSN	The policyholders social security number	9	Char	T_POLICY_HOLD ER	NUM_SSN
ST	The state of the HIPP unit.	2	Char	N/A	GENERATED
State	The state of the employer	2	Char	T_TPL_EMPLOY ER	ADR_MAIL_STAT E
Zip	The zip code of the employer	5	Char	T_TPL_EMPLOY ER	+ADR_MAIL_ZIP
Zip+4	The 9 digit zip code for the HIPP unit address.	9	Char	T_POLICY_HOLD ER	ADR_MAIL_ZIP_4

2.9.20.4 Associated Programs

Program	Description
No associated Programs found.	

2.9.20.5 Associated Requirements

ID
30.020.004.002
30.050.004.002.18
30.090.004.002.21
30.090.004.003.3

2.9.20.6 Change Orders

ID	Name	Description
2575	HIPP Letters	Update the HIPP letters to accommodate new fields.

2.9.21 TPL-9026-R -- HIPP Employer Buy-In Letter

This letter is generated to inform the employer of a buy-in into HIPP. HIPP will begin paying premium payments on a policy, but more information is required. A user generates this letter by accessing the HIPP Letter window.

This letter is sent to the employer.

2.9.21.1 Technical Name

TPL-9026-R

For readability, this layout displays on the next page.

2.9.21.2 HIPP Employer Buy-In Letter Layout

	KyHealth Choices – HIPP Unit (Address) (City), (ST) (Zip + 4) HIPP Unit: (Phone) FAX: (Fax)
(Employer Name) Attn: (Attn) (Address1) (Address2) (City), (State) (Zip)	Date: (Date) Employee: (Employee) SSN: (SSN)

Based on information received from your office, the (State) Medicaid program has determined that it is cost effective to pay the insurance premiums for (Employee). We have notified (First Name) that all appropriate paperwork needs to be completed as soon as possible so that premium payments for health insurance coverage can begin for the following family members:

(Member Name)
 (Member Name)

Please verify or complete the following information:

Payroll Withholding Frequency is: (Frequency)

Total premium payment: (Premium payment)

The insurance plan(s) you should enroll in:
 Insurance Company: (Insurance Company)
 Coverage(s):
 (Coverage code(s) and description(s))

Enrollment will begin effective (Date).

The first payroll deduction is (Date).

If any of the above information is incorrect or if you have questions, please contact the Health Insurance Premium Payment (HIPP) unit at (999-999-9999) prior to completing this form. Otherwise, forward this letter to the HIPP Unit upon completion of all enrollment papers for your employee.

Your contact's name: _____ Phone number () _____

Thank you in advance for your prompt attention to this matter.

2.9.21.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Address	The address of the HIPP unit.	30	Char	N/A	GENERATED
Address 2	The second line of the employer street	30	Char	T_TPL_EMPLOYER	ADR_MAIL_STR T2

Field	Description	Length	Data Type	DB Table	DB Attributes
	address				
Address1	The first line of the employers street address	30	Char	T_TPL_EMPLOYER	ADR_MAIL_STR T1
Attn:	The contact name for the employer	31	Char	T_TPL_EMPLOYER	NAM_CONTACT
City	The city of the HIPP unit	15	Char	N/A	GENERATED
City	The city of the employer	15	Char	T_TPL_EMPLOYER	ADR_MAIL_CITY
Coverage Code	This code identifies the type of coverage that a TPL policy provides.	1	Char	T_COVERAGE_XREF	CDE_COVERAG E
Coverage Description	This describes the type of coverage (services) a TPL resource provides.	120	Char	T_COVERAGE_TYPE	DSC_COVER_T YPE
Date	The date the letter was generated	8	Date (MM/DD/CCYY)	T_LTR_RQST_TEMPLAT	DTE_GENERAT E
Date (effective enrollment)	This is the date (MM/DD/CCYY) the enrollment will be effective	8	Date (MM/DD/CCYY)	T_COVERAGE_XREF	DTE_EFFECTIV E
Date (payroll deduction)	This is the date (MM/DD/CCYY) of the first payroll deduction	8	Date (MM/DD/CCYY)	T_HIPP_RESOURCE	DTE_DUE
Employee	The name of the policyholder	31	Char	T_POLICYHOLDER	NAM_LAST+NA M_FIRST+NAM_ MID_INIT
Employer's Name	The employers name	39	Char	T_TPL_EMPLOYER	NAM_BUS
Fax	The fax number for the HIPP unit	10	Char	N/A	GENERATED
First Name	The policyholders first name	13	Char	T_POLICYHOLDER	NAM_FIRST

Field	Description	Length	Data Type	DB Table	DB Attributes
Frequency	The frequency the withholding occurs: Monthly, Yearly, Daily	10	Char	T_HIPP_RESOU RCE	SCHED_CODE
Insurance Company	The name of the insurance company	45	Char	T_TPL_CARRIE R	NAM_BUS
Member Name	The members name	32	Char	T_RE_BASE	NAM_LAST+NA M_FIRST+NAM_ MID_INIT
Phone	The phone number for the HIPP unit.	10	Char	N/A	GENERATED
Premium Payment	The total premium payment amount	8	Char	T_HIPP_RESOU RCE	AMT_PREMIUM
SSN	The policyholders social security number	9	Char	T_POLICY_HOL DER	NUM_SSN
ST	The state of the HIPP unit.	2	Char	N/A	GENERATED
State	The employers state	2	Char	T_TPL_EMPLOY ER	ADR_MAIL_STA TE
Zip	The employers zip	5	Char	T_TPL_EMPLOY ER	ADR_MAIL_ZIP+ ADR_MAIL_ZIP_ 4
Zip+4	The 9 digit zip code for the HIPP unit address.	9	Char	T_POLICY_HOL DER	ADR_MAIL_ZIP_ 4

2.9.21.4 Associated Programs

Program	Description
No associated Programs found.	

2.9.21.5 Associated Requirements

ID
30.020.004.002
30.050.004.002.18
30.090.004.002.21
30.090.004.003.3

2.9.21.6 Change Orders

ID	Name	Description
2575	HIPP Letters	Update the HIPP letters to accommodate new fields.

2.9.22 TPL-9028-R -- HIPP Need Policy Letter to Carrier

This letter is printed and sent to the carrier (insurance company) informing them of the benefits of HIPP. A user generates this letter by accessing the HIPP Letter window. This letter is sent to the carrier/insurance company.

2.9.22.1 Technical Name

TPL-9028-R

2.9.22.2 HIPP Need Policy Letter to Carrier Layout

KyHealth Choices – HIPP Unit
(Address)
(City), (ST) (Zip + 4)
HIPP Unit: (Phone)
FAX: (Fax)

(Insurance Company)
Customer Service
(Address1)
(Address2)
(City), (State) (Zip)

(Date)

Through a Health Insurance Premium Payment (HIPP) program, (State) Medicaid can pay employer based group health insurance premiums for Medicaid beneficiaries if paying the insurance premiums costs much less than paying the medical bills directly. We are reviewing HIPP for the individual below who is an employee of the firm listed.

Employer: (Employer)
Employee: (Employee)

Group # (Group)
SSN: (SSN)

In order to review (First Name)'s eligibility for the HIPP program, we are requesting a copy of the health insurance benefit booklet(s) and/or a Schedule of Benefits for (Employer). Please return this notice with requested policy in an envelope using the enclosed business reply label.
Thank you for your cooperation in this matter.

Please send the policy information in an envelope using the enclosed mailing label.

Questions? Call (999-999-9999).

2.9.22.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Address	The address of the HIPP unit.	30	Char	N/A	GENERATED
Address 1	The first line of the insurance company's street address	30	Char	T_TPL_CARRIER	ADR_MAIL_STRT1
Address 2	The second line of the insurance company's street address	30	Char	T_TPL_CARRIER	ADR_MAIL_STRT2
City	The city of the insurance company	15	Char	T_TPL_CARRIER	ADR_MAIL_CITY
City	The city of the HIPP unit	15	Char	N/A	GENERATED
Date	The date the letter was generated	8	Date (MM/DD/CCYY)	T_LTR_RQST_TRK	DTE_SENT
Employee	The name of the policyholder	31	Char	T_POLICY_HOLDER	CONCATENATED
Employer	The employers name	39	Char	T_TPL_EMPLOYER	NAM_BUS
Fax	The fax number for the HIPP unit	10	Char	N/A	GENERATED
First Name	The policyholders first name	13	Char	T_POLICY_HOLDER	NAM_FIRST
Group #	The policy group number	16	Char	T_TPL_RESOURCE	NUM_GROUP
Insurance Company	The name of the insurance company	45	Char	T_TPL_CARRIER	NAM_BUS
Phone	The phone number for the HIPP unit.	10	Char	N/A	GENERATED
SSN	The policyholders	9	Char	T_POLICY_HOLDER	NUM_SSN

Field	Description	Length	Data Type	DB Table	DB Attributes
	social security number			ER	
ST	The state of the HIPP unit.	2	Char	N/A	GENERATED
State	The state of the insurance company	2	Char	T_TPL_CARRIER	ADR_MAIL_STATE
Zip	The zip code of the insurance company	5	Char	T_TPL_CARRIER	ADR_MAIL_ZIP
Zip+4	The 9 digit zip code for the HIPP unit address.	9	Char	T_POLICY_HOLD ER	ADR_MAIL_ZIP_4

2.9.22.4 Associated Programs

Program	Description
No associated Programs found.	

2.9.22.5 Associated Requirements

ID
30.020.004.002
30.050.004.002.18
30.090.004.002.21
30.090.004.003.3

2.9.22.6 Change Orders

ID	Name	Description
2575	HIPP Letters	Update the HIPP letters to accommodate new fields.

2.9.23 TPL-9030-R -- HIPP Re-Eval Employer Verification

This letter is printed to re-evaluate a HIPP policy. A user produces this letter by accessing the HIPP Letter window.

This letter is sent to the employer.

2.9.23.1 Technical Name

TPL-9030-R

2.9.23.2 HIPP Re-Eval Employer Verification Layout

KyHealth Choices – HIPP Unit
(Address)
(City), (ST) (Zip + 4)
HIPP Unit: (Phone)
FAX: (Fax)

(Employer Name)
(Employer Contact)
(Address1)
(Address2)
(City), (State) (Zip)

Date: (Date)
Employee: (Employee)
SSN: (SSN)

Under federal law, through a Health Insurance Premium Payment (HIPP) program, when insurance is available through a person's employer, KyHealth Choices may reduce state costs by paying the insurance premiums for the employee. According to our records, the individual listed above is employed by your company and participating in the HIPP program. As a part of our regular reevaluation process, we ask that you review and correct any invalid information printed below, then return this form to our office as quickly as possible.

Is (First Name) currently employed? ☐ Yes ☐ No DATE HIRED: _____ TERM DATE: _____
Your next Open Enrollment Date is: _____ It Lasts: _____ days.

Our records indicate (First Name) is enrolled in the following health insurance plans:

Insurance Company: (Carrier)
Coverage(s):
(Coverage A)
(Coverage B)

The employee's share of the premium is: (Amount) (Frequency)

Is this information correct? Yes / No (Please make any changes if necessary)
Date change occurred? _____

Dependents (Please make corrections/additions)

Name(s):
(Name 1)
(Name 2)

Please use the attached mailing label to send us:

- This questionnaire
- The names of all your insurance carriers, including policy and claims addresses.
- A copy of your insurance policy booklet and/or a Schedule of Benefits (if it has changed)

-

Questions? Call (999-999-9999). Thank you for your prompt attention to this matter!

If we need further information, whom should we contact?

Name: _____ Phone: _____

2.9.23.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Address	The address for the HIPP unit	30	Char	N/A	GENERATED
Address 1	The first line of the employers street address	30	Char	T_TPL_EMPLOYER	ADR_MAIL_STRT1
Address 2	The second line of the employers street address	30	Char	T_TPL_EMPLOYER	ADR_MAIL_STRT2
Amount	The employees share of the premium amount	8	Char	T_HIPP_RESOURCE	AMT_PURCHASE
Carrier	The name of the insurance company	45	Char	T_TPL_CARRIER	NAM_BUS
City	The city of the employer	15	Char	T_TPL_EMPLOYER	ADR_MAIL_CITY
City	The city where the HIPP unit is located	15	Char	N/A	GENERATED
Coverage	The type of coverage for the member	20	Char	T_COVERAGE_TYPE	DSC_COVER_TYPE
Date	The date the letter was generated	8	Date (MM/DD/CCYY)	T_LTR_RQST_TRK	DTE_SENT
Employee	The name of the policyholder	31	Char	T_POLICYHOLDER	CONCATENATED
Employer	The employers name	39	Char	T_TPL_EMPLOYER	NAM_BUS
Fax	The fax number for the HIPP unit	9	Char	N/A	GENERATED
First Name	The policyholders first name	13	Char	T_POLICYHOLDER	NAM_FIRST

Field	Description	Length	Data Type	DB Table	DB Attributes
Frequency	The frequency the withholding occurs: Monthly, Yearly, Daily	10	Char	T_TPL_SCHED	TXT_SCHED
Phone	The phone number for the HIPP unit	9	Char	N/A	GENERATED
SSN	The policyholders social security number	9	Char	T_POLICY_HOLDER	NUM_SSN
ST	The state where the HIPP unit is located	2	Char	N/A	GENERATED
State	The state of the employer	2	Char	T_TPL_EMPLOYER	ADR_MAIL_STATE
ZIP+4	The 9 digit zip code for the HIPP unit	9	Char	N/A	GENERATED
Zip	The zip code of the employer	5	Char	T_TPL_EMPLOYER	ADR_MAIL_ZIP

2.9.23.4 Associated Programs

Program	Description
No associated Programs found.	

2.9.23.5 Associated Requirements

ID
30.020.004.002
30.050.004.002.18
30.090.004.002.21
30.090.004.003.3

2.9.23.6 Change Orders

ID	Name	Description
2575	HIPP Letters	Update the HIPP letters to accommodate new fields.

2.9.24 TPL-9032-R -- HIPP Claim History Request

This letter is printed for a claim history request in order to evaluate HIPP cost-effectiveness. A user generates this letter by accessing the HIPP Letter window.

This letter is sent to the insurance company.

2.9.24.1 Technical Name

TPL-9032-R

2.9.24.2 HIPP Claim History Request Layout

		(State) Medical Assistance Programs – HIPP Unit (Address) (City), (ST) (Zip + 4) HIPP Unit: (Phone) FAX: (Fax)
(Insurance Company) Customer Service (Address1) (Address2) (City), (State) (Zip)	Date: (Date)	

Through a Health Insurance Premium Payment (HIPP) program, (State) Medicaid can pay employer based group health insurance premiums for Medicaid beneficiaries if paying the insurance premiums costs much less than paying the medical bills directly. We are reviewing HIPP for the individual below who is an employee of the firm listed.

Employer: (Employer)	Group #: (Group number)
Employee: (Employee)	SSN: (SSN)

In order to determine if it is cost effective to pay for (First Name)'s health insurance, we need the claims history for the past twelve months for the following beneficiaries on (First Name)'s policy:

(Member Name)
(Member Name)

Please send the claims history report in an envelope using the enclosed mailing label. If you have any questions, please contact the Health Insurance Premium Payment (HIPP) Unit at (999-999-9999). Thank you in advance for your prompt attention to this matter.

2.9.24.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Address	The first line of the insurance companys street address	60	Char	T_TPL_CARRIER	ADR_MAIL_STRT1
Address	The address for the HIPP unit	30	Char	N/A	GENERATED
City	The city of the insurance company	15	Char	T_TPL_CARRIER	ADR_MAIL_CITY
City	The city where the	15	Char	N/A	GENERATED

Field	Description	Length	Data Type	DB Table	DB Attributes
	HIPP unit is located				
Date	The date the letter was generated	8	Date (MM/DD/CCYY)	T_LTR_RQST_TRK	DTE_SENT
Employee	The name of the policyholder	31	Char	T_POLICY_HOLDER	CONCATENATED
Employer	The employers name	39	Char	T_TPL_EMPLOYER	NAM_BUS
Fax	The fax number for the HIPP unit	10	Char	N/A	GENERATED
First Name	The policyholders first name	13	Char	T_POLICY_HOLDER	NAM_FIRST
Group #	The policy group number	16	Char	T_TPL_RESOURCE	NUM_GROUP
Insurance Company	The name of the insurance company	45	Char	T_TPL_CARRIER	NAM_BUS
Member Name	The members name	32	Char	T_RE_BASE	CONCATENATED
Phone	The phone number for the HIPP unit	10	Char	N/A	GENERATED
SSN	The policyholders social security number	9	Char	T_POLICY_HOLDER	NUM_SSN
ST	The state where the HIPP unit is located	2	Char	N/A	GENERATED
State	The state of the insurance company	2	Char	T_TPL_CARRIER	ADR_MAIL_STATE
ZIP+4	The 9 digit zip code for the HIPP unit	9	Char	N/A	GENERATED
Zip	The zip code of the insurance company	5	Char	T_TPL_CARRIER	ADR_MAIL_ZIP

2.9.24.4 Associated Programs

Program	Description
No associated Programs found.	

2.9.24.5 Associated Requirements

ID
30.020.004.002
30.050.004.002.18
30.090.004.002.21
30.090.004.003.3

2.9.24.6 Change Orders

ID	Name	Description
2575	HIPP Letters	Update the HIPP letters to accommodate new fields.

2.9.25 TPL-9034-R -- HIPP Need Policy Letter to Employer

This letter is printed to request a company's health and dental insurance booklets and a Schedule of Benefits. A user generates this letter by accessing the HIPP Letter window.

This letter is sent to the employer.

2.9.25.1 Technical Name

TPL-9034-R

2.9.25.2 HIPP Need Policy Letter to Employer Layout

	KyHealth Choices - HIPP Unit P.O. Box 2107 Frankfort, KY 40602 HIPP Unit: 1-800-807-1459 FAX: 1-502-209-3243
(Employer Name) Attn: (Attn) (Address1) (Address2) (City), (State) (Zip)	Date: (Date) Employee: (Employee) SSN: (SSN)

Thank you for returning the questionnaire regarding your employee, (Employee). The KyHealth Choices Health Insurance Premium Payment (HIPP) program is evaluating whether paying health insurance premiums is less expensive than paying the medical bills directly. We requested a copy of your company's health and dental insurance benefit booklets and/or a Schedule of Benefits, with the employees' portion of the rates that you provide your employees, but did not receive it. Please send a copy of these as soon as possible.

If the booklets do not contain the insurance company's claims address, please complete the table below and return with the plan booklet(s).

	<i>Insurance Company</i>	<i>Address</i>	<i>Phone</i>
<i>Hospital/Medical</i>			
<i>Drugs</i>			
<i>Dental</i>			
<i>Vision</i>			

Please send the policy information in an envelope using the enclosed mailing label. If you have any questions, please contact the Health Insurance Premium Payment (HIPP) Unit at (999-999-9999). Thank you in advance for your prompt attention to this matter.

2.9.25.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Address 1	The first line of the employers street address	60	Char	T_TPL_EMPLOYER	ADR_MAIL_STRT 1

Field	Description	Length	Data Type	DB Table	DB Attributes
Address 2	The second line of the employers street address	30	Char	T_TPL_EMPLOYER	ADR_MAIL_STRT2
Attn:	The contact name for the employer	29	Char	T_TPL_EMPLOYER	NAM_CONTACT
City	The city of the employer	15	Char	T_TPL_EMPLOYER	ADR_MAIL_CITY
Date	The date the letter was generated	8	Date (MM/DD/CCYY)	T_LTR_RQST-TRK	DTE_SENT
Employee	The name of the policyholder	31	Char	T_POLICYHOLDER	CONCATENATED
Employer Name	The employers name	39	Char	T_TPL_EMPLOYER	NAM_BUS
SSN	The policyholders social security number	9	Char	T_POLICYHOLDER	NUM_SSN
State	The state of the employer	2	Char	T_TPL_EMPLOYER	ADR_MAIL_STATE
Zip	The Zip Code of employer	5	Char	T_TPL_EMPLOYER	ZIP_CODE

2.9.25.4 Associated Programs

Program	Description
No associated Programs found.	

2.9.25.5 Associated Requirements

ID
30.020.004.002
30.050.004.002.18
30.090.004.002.21
30.090.004.003.3

2.9.25.6 Change Orders

ID	Name	Description
2575	HIPP Letters	Update the HIPP letters to accommodate new fields.

2.9.26 TPL-9036-R -- HIPP Policyholder Buy-In

This letter is printed to inform the policyholder that there is a buy-in into HIPP. HIPP will begin paying premium payments on a policy, but more information is required. A user generates this letter by accessing the HIPP Letter window.

This letter is sent to the policyholder (employee).

2.9.26.1 Technical Name

TPL-9036-R

2.9.26.2 HIPP Policyholder Buy-In Layout

KyHealth Choices – HIPP Unit
(Address)
(City), (ST) (Zip + 4)
HIPP Unit: (Phone)
FAX: (Fax)

(Policyholder Name)
(Address1)
(Address2)
(City), (State) (Zip)

Date: (Date)
SSN: (SSN)
Case Nbr: (Case Nbr)
Case Worker: (Case Worker)
Employer: (Employer)

The payment for your health insurance has been determined to be cost effective by the KyHealth Choices program. Your employer has been notified to begin completion of all necessary health insurance enrollment forms.

Please complete the necessary enrollment forms to enroll the following family members:

(Member Name)
(Member Name)

The State of (State) will reimburse you for the premiums indicated below after you enroll these family members in the following coverage(s):

Payroll Withholding Frequency is: (Frequency)
Total premium payment: (Premium Payment)

The insurance plan(s) you should enroll in:
Insurance Company: (Insurance Company)
Coverage(s):
(Coverage and description)
(Coverage and description)

You will be notified when the enrollment process is completed and payment of your insurance premiums begins. If you have any questions, contact the Health Insurance Premium Payment (HIPP) unit at (999-999-9999). Thank you in advance for your prompt attention to this matter.

2.9.26.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Address	The address for the HIPP unit	30	Char	N/A	GENERATED
Address 1	The first line of the policyholders street address	30	Char	T_POLICY_HOLDER	ADR_MAIL_STRT1
Address 2	The second line of the employers street address	30	Char	T_POLICY_HOLDER	ADR_MAIL_STRT2
Case Nbr	The case number	10	Char	T_CASUALTY_CASE	NUM_CAS_CASE

Field	Description	Length	Data Type	DB Table	DB Attributes
Case Worker	The caseworkers name. Concatenated (NAM_FIRST + NAM_LAST).	31	Char	T_ANALYST	CONCATENATED
City	The city of the policyholder	15	Char	T_POLICY_HOLDER	ADR_MAIL_CITY
City	The city where the HIPP unit is located	15	Char	N/A	GENERATED
Coverage	The type of coverage for the member	20	Char	T_COVERAGE_TYPE	DSC_COVER_TYPE
Date	The date the letter was generated	8	Date (MM/DD/CCYY)	T_LTR_RQST_TRK	DTE_SENT
Employer	The employers name	39	Char	T_EMPLOYER	NAM_BUS
Fax	The fax number for the HIPP unit	10	Char	N/A	GENERATED
Frequency	The frequency the withholding occurs: Monthly, Yearly, Daily	10	Char	T_TPL_SCHED	TXT_SCHED
Insurance Company	The name of the insurance company	45	Char	T_TPL_CARRIER	NAM_BUS
Member Name	The members name. Concatenated (NAM_FIRST + NAM_LAST).	32	Char	T_RE_BASE	CONCATENATED
Phone	The phone number for the HIPP unit	10	Char	N/A	GENERATED
Policyholder Name	The policyholders name. Concatenated (NAM_FIRST + NAM_LAST).	31	Char	T_POLICY_HOLDER	CONCATENATED

Field	Description	Length	Data Type	DB Table	DB Attributes
Premium Payment	The total premium payment amount	8	Char	T_HIPP_RESO URCE	AMT_PREMIUM
SSN	The policyholders social security number	9	Char	T_POLICY_HOL DER	NUM_SSN
ST	The state where the HIPP unit is located	2	Char	N/A	GENERATED
State	The state of the policyholder	2	Char	T_POLICY_HOL DER	ADR_MAIL_STAT E
ZIP+4	The 9 digit zip code for the HIPP unit	9	Char	N/A	GENERATED
Zip	The zip code of the policyholder	5	Char	T_POLICY_HOL DER	ADR_MAIL_ZIP

2.9.26.4 Associated Programs

Program	Description
No associated Programs found.	

2.9.26.5 Associated Requirements

ID
30.020.004.002
30.050.004.002.18
30.090.004.002.21
30.090.004.003.3

2.9.26.6 Change Orders

ID	Name	Description
2575	HIPP Letters	Update the HIPP letters to accommodate new fields.

2.9.27 TPL-9050-R -- HIPP Rejection Notification to a Self Referral

This letter is printed to inform the policyholder they are not eligible for HIPP at this time. A user generates this letter by accessing the HIPP Letter window after it has been determined that HIPP would not be cost-effective.

This letter is sent to the policyholder (employee).

2.9.27.1 Technical Name

TPL-9050-R

2.9.27.2 HIPP Rejection Notification to a Self Referral Layout

KyHealth Choices – HIPP Unit
(Address)
(City), (ST) (Zip + 4)
HIPP Unit: (Phone)
FAX: (Fax)

(Date)

(Name)
(Street Address 1)
(Street Address 2)
(City), (State) (Zip)

Dear (First Name):

You recently requested to be considered for the KyHealth Choices Medicaid Health Insurance Premium Payment (HIPP) program. We regret to inform you that HIPP premium payment will not occur at this time because (Reject Reason).

This decision does not affect your Medicaid eligibility.

If you do not agree with this decision, you have the right to request (in writing) a fair hearing within thirty (30) calendar days. At the hearing, you may explain why you do not agree with decision, and may bring a household member, lawyer, friend, relative or any other person. To be timely, the request must be in writing and received by this office within 30 days of the date of this letter.

Thank you for your interest in this program. If you have any questions, please contact the HIPP Unit at (999-999-9999).

Sincerely,

(Analyst Name)
HIPP Analyst

2.9.27.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Address	The address for the HIPP unit	30	Char	N/A	GENERATED
Analyst Name	The HIPP analyst	31	Char	T_CLERK_PROFIL E	NAM_FIRST+ NAM_LAST
City	The city of the policyholder	15	Char	T_POLICY_HOLDE R	ADR_MAIL_CITY
City	The city where the HIPP unit is located	15	Char	N/A	GENERATED
Date	The date the letter was generated	18	Char	T_LTR_RQST_TRK	DTE_SENT
Fax	The fax number for the HIPP unit	10	Char	N/A	GENERATED
First Name	The policyholders first name	13	Char	T_POLICY_HOLDE R	NAM_FIRST
Name	The policyholders name	31	Char	T_POLICY_HOLDE R	NAM_LAST
Phone	The phone number for the HIPP unit	10	Char	N/A	GENERATED
Reject Reason	The description of the rejection reason	300	Char	N/A	N/A
ST	The state where the HIPP unit is located	2	Char	N/A	GENERATED
State	The state of the policyholder	2	Char	T_POLICY_HOLDE R	ADR_MAIL_STATE
Street Address 1	The first line of the policyholders street address	30	Char	T_POLICY_HOLDE R	ADR_MAIL_STRT1
Street Address 2	The second line of the policyholders street address	30	Char	T_POLICY_HOLDE R	ADR_MAIL_STRT2
ZIP+4	The 9 digit zip code for the HIPP unit	9	Char	N/A	GENERATED

Field	Description	Length	Data Type	DB Table	DB Attributes
Zip	The zip code of the policyholder	5	Char	T_POLICY_HOLDER	ADR_MAIL_ZIP

2.9.27.4 Associated Programs

Program	Description
No associated Programs found.	

2.9.27.5 Associated Requirements

ID
30.020.004.002
30.050.004.002.18
30.090.004.002.21
30.090.004.003.3

2.9.27.6 Change Orders

ID	Name	Description
2575	HIPP Letters	Update the HIPP letters to accommodate new fields.
4456	REL2 - Multi Recip Addr Letters	Update letters to use the t_re_multi_address table if multiple locations exist for the member.

2.9.28 TPL-9080-R -- HIPP Rejection Notification to Case Worker

This letter is printed to inform the case worker that HIPP has been rejected for a policyholder. It also includes the reason. A user generates this letter by accessing the HIPP Letter window.

This letter is sent to the case worker.

2.9.28.1 Technical Name

TPL-9080-R

2.9.28.2 HIPP Rejection Notification to Case Worker Layout

(State) Medical Assistance Programs – HIPP Unit
(Address)
(City), (ST) (Zip + 4)
HIPP Unit: (Phone)
FAX: (Fax)

Date: (Date)

To: Case Worker (Case Worker Number)
(County Office)
(Address 1)
(Address 2)
(City), (State) (Zip)

RE: (Policyholder Name)
Case Number (Case Number)

(Policyholder Name) was referred to the Health Insurance Premium Payment (HIPP) program through a HIPP referral form.

(Reject Reason)

If you have any questions, please contact the HIPP Unit at 999-999-9999.

2.9.28.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Address 1	The first line of the caseworkers street address	30	Char	T_COUNTY	ADR_STREET_1
Address 2	The second line of the caseworkers street address	30	Char	T_COUNTY	ADR_STREET_2
Case Number	The case number that pertains to the policyholder	10	Char	T_RE_CASE	NUM_CASE
Case Worker	The number that identifies	6	Char	T_RE_CASE	ID_CASE_WORK

Field	Description	Length	Data Type	DB Table	DB Attributes
Number	the case worker				ER
City	The city of the case worker	31	Char	T_COUNTY	ADR_CITY
Date	The date the letter was generated	8	Date (MM/DD/CCYY)	T_LG_LETTER_TEMPLAT	DTE_GENERATED
Policyholder Name	The policyholders name	31	Char	T_POLICY_HOLDER	NAM_LAST+NAM_FIRST
Reject Reason	The description of the rejection reason	300	Char	T_TPL_CDE_LETTERS	DESC_CDE_LETTER
State	The state of the case worker	2	Char	T_COUNTY	ADR_STATE
Zip	The zip code of the case worker	5	Char	T_COUNTY	ADR_ZIP_CODE

2.9.28.4 Associated Programs

Program	Description
No associated Programs found.	

2.9.28.5 Associated Requirements

ID
30.020.004.002
30.050.004.002.18
30.090.004.002.21
30.090.004.003.3

2.9.28.6 Change Orders

ID	Name	Description
2575	HIPP Letters	Update the HIPP letters to accommodate new fields.

2.9.29 TPL-9130-R -- HIPP Policy Termination Notification to Carrier

This letter is printed to notify the carrier (insurance company) that payment of health insurance premiums for a policyholder will be discontinued. A user generates this letter by accessing the HIPP Letter window.

This letter is sent to the carrier/insurance company.

2.9.29.1 Technical Name

TPL-9130-R

2.9.29.2 HIPP Policy Termination Notification to Carrier Layout

(Date)
 (Policyholder Name)
 (Policyholder ID)
 (Policyholder SSN)

(Carrier Name)
 (Address1)
 (Address2)
 (City), (State) (Zip)

To Whom It May Concern:

Based on a review, the (State) Medicaid program has made the following decision concerning the insurance policy for the above named person.

Payment of health insurance premiums will discontinue as of (Date). Please be advised the above named person has been notified of this decision.

If you have any questions, please contact the Health Insurance Premium Payment (HIPP) unit at (999-999-9999) or at the address below.

(State) Medical Assistance Programs
 ATTN: HIPP Unit
 (Address)
 (City), (ST) (Zip + 4)

2.9.29.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Address 1	The first line of the insurance company's street address	30	Char	T_TPL_CARRIER	ADR_MAIL_STRT1
Address 2	The second line of the insurance company's street address	30	Char	T_TPL_CARRIER	ADR_MAIL_STRT2

Field	Description	Length	Data Type	DB Table	DB Attributes
Carrier Name	The insurance company's name	45	Char	T_TPL_CARRIER	NAM_BUS
City, State, Zip	The city, state and zip code of the insurance company	26	Char	T_TPL_CARRIER	ADR_MAIL_CITY+ADR_MAIL_STATE+ZIP
Date	The date the letter was generated	8	Char	T_LTR_RQST_TEMPLAT	DTE_GENERATE
Discontinue Date	The date (MM/DD/CCYY) the health insurance premiums will be discontinued.	8	Char	T_TPL_RESOURCE	DTE_END
Policyholder ID	The policyholders unique identifier	9	Char	T_POLICYHOLDER	SAK_POL_HOLD
Policyholder Name	The policyholders name	31	Char	T_RE_BASE	NAM_LAST+NAM_FIRST+NAM_MID_INIT
Policyholder SSN	The policyholders social security number	11	Char	T_RE_BASE	NUM_SSN

2.9.29.4 Associated Programs

Program	Description
No associated Programs found.	

2.9.29.5 Associated Requirements

ID
30.020.004.002
30.050.004.002.18
30.090.004.002.21
30.090.004.003.3

2.9.29.6 Change Orders

ID	Name	Description
2575	HIPP Letters	Update the HIPP letters to accommodate new fields.
690	HIPP Members- Not eligible	Letters are generated when KHIPPS members are no longer Medicaid eligible.

2.9.30 TPL-9140-R -- HIPP Cost Effective Notification to Policyholder

This letter notifies the policyholder that their insurance premium is cost-effective. The policyholder submits premium notices to the TPL Team when they are received.

This letter is sent to the policyholder (employee) and the case worker.

2.9.30.1 Technical Name

TPL-9140-R

For readability, this layout displays on the next page.

2.9.30.2 HIPP Cost Effective Notification to Policyholder Layout

(Date)
(Policyholder Name)
(Policyholder ID)
(Section Location)
(Unit Number)
(Caseload Number)
(Case Number)

(Policyholder Name)
(Address 1)
(Address 2)
(City), (State) (Zip)

Dear (Policyholder Name)

The (State) Medicaid program has determined that payment of your health insurance premium is cost-effective. Payments for your insurance will begin (Begin Date). Payments will continue as long as it is determined to be cost-effective and there is eligibility for medical assistance. Co-insurance and deductible amounts will also be paid for those eligible for medical cards.

Your case may be re-evaluated for cost-effectiveness determination.

Our records show that your insurance premiums will be payroll deducted from your paycheck. To receive reimbursement you must submit a copy of the check stub showing the deduction for Health Insurance within fifteen (15) days from the date of payment in the enclosed self - addressed, postage-paid envelopes.

NAME AND ADDRESS OF INSURANCE COMPANY	POLICY NUMBER
(Carrier Name)	(Policy Number)
(Carrier Address 1)	
(Carrier Address 2)	GROUP NUMBER
(Carrier City, State Zip)	(Group Number)

IMPORTANT NOTICE

Report any changes regarding your health insurance coverage to your worker at the local office immediately. Information that should be reported includes, but is not limited to: changes in the amount of the premium, changes in benefits covered under the policy, changes in the persons covered under the policy, loss of employment, etc.

IF YOU VOLUNTARILY DROP HEALTH INSURANCE COVERAGE THAT THE DEPARTMENT HAS DETERMINED TO BE COST-EFFECTIVE, YOUR ELIGIBILITY FOR A MEDICAL CARD MAY BE TERMINATED.

REMINDER: YOUR INSURANCE COMPANY MUST BE BILLED FIRST BEFORE USING YOUR MEDICAL CARD.

If you have any questions, please contact the HIPP unit at (999-999-9999).

cc: Eligibility Worker

2.9.30.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Address 1	The first line of the policyholders street address	30	Char	T_POLICY_HOLD ER	ADR_MAIL_STR T1
Address 2	The second line of the policyholders street address	30	Char	T_POLICY_HOLD ER	ADR_MAIL_STR T2
Begin Date	The effective date (MM/DD/CCYY) the payments will begin.	10	Char	T_COVERAGE_X REF	DTE_EFFECTIV E
Carrier Address 1	The insurance company's address	30	Char	T_TPL_CARRIER	ADR_MAIL_STR T1
Carrier Address 2	The insurance company's address	30	Char	T_TPL_CARRIER	ADR_MAIL_STR T2
Carrier City, State, Zip	The insurance company's city, state and zip code	26	Char	T_TPL_CARRIER	ADR_MAIL_CITY +STATE+ZIP+ZI P_4
Carrier Name	The insurance company's name	45	Char	T_TPL_CARRIER	NAM_BUS
Case Number	The case number that pertains to the member	10	Char	T_RE_CASE	NUM_CASE
Caseload Number	The caseload number	2	Char	T_RE_CASE	SUBSTR(ID_CA SE_WORKER,5, 2)
City, State, Zip	The city, state and zip code of the policyholder	26	Char	T_POLICY_HOLD ER	ADR_MAIL_CITY +STATE+ZIP+ZI P_4
Date	The date the letter was generated	18	Char	N/A	CALCULATED
Group Number	The policy group number	16	Char	T_TPL_RESOURCE	NUM_GROUP
Policy Number	The policy number of the member	16	Char	T_TPL_RESOURCE	NUM_TPL_POLI CY
Policyholder ID	The policyholders unique identifier	9	Char	T_POLICY_HOLD ER	SAK_POL_HOLD

Field	Description	Length	Data Type	DB Table	DB Attributes
Policyholder Name	The policyholders name	31	Char	T_POLICY_HOLDER	NAM_LAST+NAM_FIRST_NAM_MID_INIT
Section Location	The section location of the case worker	3	Char	T_RE_CASE	SUBSTR(ID_CASE_WORKER,1,3)
Unit Number	The unit number of the case worker	1	Char	T_RE_CASE	SUBSTR(ID_CASE_WORKER,4,1)

2.9.30.4 Associated Programs

Program	Description
No associated Programs found.	

2.9.30.5 Associated Requirements

ID
30.020.004.002
30.050.004.002.18
30.090.004.002.21
30.090.004.003.3

2.9.30.6 Change Orders

ID	Name	Description
2575	HIPP Letters	Update the HIPP letters to accommodate new fields.
4456	REL2 - Multi Recip Addr Letters	Update letters to use the t_re_multi_address table if multiple locations exist for the member.

2.9.31 TPL-9145-R -- HIPP Cost Effective Notification - Payments to Employer

This letter is printed and sent to the policyholder informing them that their insurance premium is cost effective. Premium payments are made directly to the policyholder's employer. A user generates this letter by accessing the HIPP Letter window.

This letter is sent to the employee (policyholder) and the case worker.

2.9.31.1 Technical Name

TPL-9145-R

For readability, this layout displays on the next page.

2.9.31.2 HIPP Cost Effective Notification – Payments to Employer Layout

(Date)
(Policyholder Name)
(Policyholder ID)
(Section Location)
(Unit Number)
(Caseload Number)
(Case Number)

(Policyholder Name)
(Address 1)
(Address 2)
(City), (State) (Zip)

Dear (Policyholder Name)

The (State) Medicaid program has determined that payment of your health insurance premium is cost-effective. Payments for your insurance will begin (Begin Date). Payments will continue as long as it is determined to be cost-effective and there is eligibility for medical assistance. Co-insurance and deductible amounts will also be paid for those eligible for medical cards.

Your case may be re-evaluated for cost-effectiveness determination.

Premium payments will be made directly to your employer.

NAME AND ADDRESS OF INSURANCE COMPANY	POLICY NUMBER
(Carrier Name)	(Policy Number)
(Carrier Address 1)	
(Carrier Address 2)	GROUP NUMBER
(Carrier City), (State) (Zip)	(Group Number)

IMPORTANT NOTICE

Report any changes regarding your health insurance coverage to your worker at the local office immediately. Information that should be reported includes, but is not limited to: changes in the amount of the premium, changes in benefits covered under the policy, changes in the persons covered under the policy, loss of employment, etc.

IF YOU VOLUNTARILY DROP HEALTH INSURANCE COVERAGE THAT THE DEPARTMENT HAS DETERMINED TO BE COST-EFFECTIVE, YOUR ELIGIBILITY FOR A MEDICAL CARD MAY BE TERMINATED.

REMINDER: YOUR INSURANCE COMPANY MUST BE BILLED FIRST BEFORE USING YOUR MEDICAL CARD.

If you have any questions, please contact the Health Insurance Premium Payment (HIPP) Unit at (999-999-9999).

cc: Eligibility Worker

2.9.31.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Address 1	The first line of the policyholders street address	30	Char	T_POLICY_HOLD ER	ADR_MAIL_STRT1
Address 2	The second line of the policyholders street address	30	Char	T_POLICY_HOLD ER	ADR_MAIL_STRT2
Begin Date	The effective date (MM/DD/CCYY) the payments will begin.	10	Char	T_COVERAGE_X REF	DTE_EFFECTIVE
Carrier Address 1	The insurance company's address	30	Char	T_TPL_CARRIER	ADR_MAIL_STRT1
Carrier Address 2	The insurance company's address	30	Char	T_TPL_CARRIER	ADR_MAIL_STRT2
Carrier City, State, Zip	The insurance company's city, state and zip code	26	Char	T_TPL_CARRIER	ADR_MAIL_CITY+S TATE+ZIP+ZIP_4
Carrier Name	The insurance company's name	45	Char	T_TPL_CARRIER	NAM_BUS
Case Number	The case number that pertains to the member	10	Char	T_RE_CASE	NUM_CASE
Caseload Number	The caseload number The city, state and zip code of the policyholder.	2	Char	T_RE_CASE	SUBSTR(ID_CASE _WORKER,5,2)
City, State, Zip	The city, state and zip code of the policyholder	26	Char	T_POLICY_HOLD ER	ADR_MAIL_CITY+S TATE+ZIP+ZIP_4
Date	The date the letter was generated	18	Char	N/A	CALCULATED

Field	Description	Length	Data Type	DB Table	DB Attributes
Group Number	The policy group number	16	Char	T_TPL_RESOUR CE	NUM_GROUP
Policy Number	The policy number of the member	16	Char	T_TPL_RESOUR CE	NUM_TPL_POLICY
Policyholder ID	The policyholders unique identifier	9	Char	T_POLICY_HOLD ER	SAK_POL_HOLD
Policyholder Name	The policyholders name	31	Char	T_POLICY_HOLD ER	NAM_LAST+NAM_ FIRST_NAM_MID_I NIT
Section Location	The section location of the case worker	3	Char	T_RE_CASE	SUBSTR(ID_CASE _WORKER,1,3)
Unit Number	The unit number of the case worker	1	Char	T_RE_CASE	SUBSTR(ID_CASE _WORKER,4,1)

2.9.31.4 Associated Programs

Program	Description
No associated Programs found.	

2.9.31.5 Associated Requirements

ID
30.050.004.002.18
30.090.004.002.21
30.090.004.003.3

2.9.31.6 Change Orders

ID	Name	Description
2575	HIPP Letters	Update the HIPP letters to accommodate new fields.
4456	REL2 - Multi Recip Addr Letters	Update letters to use the t_re_multi_address table if multiple locations exist for the member.

2.9.32 TPL-9155-R -- HIPP Cost Effective Notification to Carrier or Employer

This letter is printed and sent to the policyholder informing them that payments will begin on the policyholder's group health insurance.

If a HIPP Cost-Effective Notification to the Policyholder letter is produced, then this letter is sent to the employee's (policyholder's) insurance company. If a HIPP Cost Effective Notification - Payments to Employer letter is produced, then this letter is sent to the employee's (policyholder's) employer.

2.9.32.1 Technical Name

TPL-9155-R

2.9.32.2 HIPP Cost Effective Notification to Carrier or Employer Layout

(Date)
(Policyholder Name)
(Policyholder ID)
(Policyholder SSN)

(Employer or Carrier Name)
(Address 1)
(Address 2)
(City), (State) (Zip)

The above named employer or insurance company will begin receiving payment directly from the (State) Medicaid program for the purchase of group health insurance on behalf of the above named employee.

Payments will be made directly to you as follows:

Payment of \$(Amount) will be made (Frequency) commencing on or after (Payment Date).

Policyholder/Employee Name (Policyholder Name)

Policy Number (Policy Number) (Group Number)

If you have any questions, please contact the Health Insurance Premium Payment (HIPP) unit at (999-999-9999).

2.9.32.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Address 1	The first line of the carriers or employers street address	30	Char	T_POLICY_HOLD ER	ADR_MAIL_STRT1
Address 2	The second line of the carriers or the employers street address	30	Char	T_POLICY_HOLD ER	ADR_MAIL_STRT2
Amount	The premium check amount	9	Char	T_HIPP_RESOU RCE	AMT_PREM_PRD
City, State, Zip	The city, state and zip code of the carrier or the employer	26	Char	T_TPL_CARRIER	ADR_MAIL_CITY+S TATE+ZIP+ZIP_4
Date	The date the letter was generated	18	Char	T_LG_LETTER_T EMPLATE	DTE_GENERATED
Employer or Carrier Name	The employers or carriers name	45	Char	T_TPL_CARRIER	BUS_NAME
Frequency	The frequency the withholding occurs: Monthly, Yearly, Daily	7	Char	T_HIPP_RESOU RCE	SCHED_CODE
Group Number	The policy group number	16	Char	T_TPL_RESOUR CE	NUM_GROUP
Payment Date	The date payments will begin	8	Char	T_COVERAGE_X REF	DTE_EFFECTIVE
Policy Number	The policy number of the member	16	Char	T_TPL_RESOUR CE	NUM_TPL_POLICY
Policyholder ID	The policyholders unique identifier	9	Char	T_POLICY_HOLD ER	SAK_POL_HOLD
Policyholder Name	The policyholders name	31	Char	T_POLICY_HOLD ER	NAM_LAST+NAM_ FIRST_NAM_MID_I NIT
Policyholder SSN	The policyholders social security number	9	Char	T_POLICY_HOLD ER	NUM_SSN

2.9.32.4 Associated Programs

Program	Description
No associated Programs found.	

2.9.32.5 Associated Requirements

ID
30.050.004.002.18
30.090.004.002.21
30.090.004.003.3

2.9.32.6 Change Orders

ID	Name	Description
2575	HIPP Letters	Update the HIPP letters to accommodate new fields.

2.9.33 TPL-9160-R -- HIPP Policy Termination Notification to Policyholder

This letter is printed and sent to the policyholder informing them that HIPP will no longer pay the health insurance premium. The reason for the termination is part of the letter, based upon user-entered codes. A user generates this letter by accessing the HIPP Letter window.

This letter is sent to the policyholder (employee).

2.9.33.1 Technical Name

TPL-9160-R

For readability, this layout displays on the next page.

2.9.33.2 HIPP Policy Termination Notification to Policyholder Layout

(Date)
 Policyholder : (Policyholder Name)
 Policyholder ID : (Policyholder ID)
 Section Location : (Section Location)
 Unit Number : (Unit Number)
 Caseload Number : (Caseload Number)
 Case Number : (Case Number)

(Policyholder Name)
 (Address)
 (City), (State) (Zip)

Dear (Policyholder Name)

Based on a review, the KyHealth Choices program has made the following decision concerning your health insurance policy.

(Reason For Termination).
 Payment of your premiums will be discontinued effective (Effective Date).

If you have any questions, please contact the Health Insurance Premium Payment (HIPP) unit at (999-999-9999).

KyHealth Choices
 Attn: HIPP Unit
 (Address)
 (City), (ST) (Zip + 4)

If denied HIPP benefits, you have the right to request a hearing if you feel you have been treated unfairly. This request should be made by contacting your local department for social insurance, or by mailing your request to the Cabinet for Human Resources, Hearing Branch, 275 East Main Street, Frankfort, KY 40621.

At the hearing you may provide any information which may tell more about your case. If you disagree with the hearing officer's decision, you may appeal to the department for social insurance appeal board. To be timely, the request must be in writing and received by this office within thirty (30) days of the date of this letter.

cc: Eligibility Worker

2.9.33.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Address	The first line of the policyholders street address	60	Char	T_RE_BASE	ADR_STREET_1

Field	Description	Length	Data Type	DB Table	DB Attributes
Case Number	The case number that pertains to the member	10	Char	T_RE_CASE	NUM_CASE
Caseload Number	The caseload number	2	Char	NA	NA
City, State, Zip	The city, state and zip code of the policyholder	26	Char	T_RE_BASE	ADR_CITY+ADR_STATE+ADR_ZIP_CODE
Date	The date the letter was generated	18	Char	T_LTR_RQST_TEMPLAT	DTE_GENERATE
Effective Date	The date (MM/DD/CCYY) payments will be discontinued	8	Date (MM/DD/CCYY)	T_HIPP_RESOURCE	DTE_END
Policyholder ID	The policyholders unique identifier	12	Char	T_RE_BASE	ID_MEDICAID
Policyholder Name	The policyholders name	29	Char	T_RE_BASE	NAM_LAST+NAM_FIRST+NAM_MID_INIT
Reason For Termination	The reason the policy is being terminated	200	Char	NA	NA
Section Location	The section location of the case worker	3	Char	NA	NA
Unit Number	The unit number of the case worker	1	Char	NA	NA

2.9.33.4 Associated Programs

Program	Description
No associated Programs found.	

2.9.33.5 Associated Requirements

ID
30.020.004.002
30.050.004.002.18
30.090.004.002.21

ID
30.090.004.003.3

2.9.33.6 Change Orders

ID	Name	Description
2575	HIPP Letters	Update the HIPP letters to accommodate new fields.
4456	REL2 - Multi Recip Addr Letters	Update letters to use the t_re_multi_address table if multiple locations exist for the member.
690	HIPP Members- Not eligible	Letters are generated when KHIPPS members are no longer Medicaid eligible.

2.9.34 TPL-9300-R -- HIPP Information Needed to Case Worker

This letter requests further information from a case worker in order to evaluate a HIPP referral. It is sent when more information is needed to evaluate a potential HIPP policy. A user produces this letter by accessing the HIPP Letter window.

This letter is sent to the case worker.

2.9.34.1 Technical Name

TPL-9300-R

2.9.34.2 HIPP Information Needed to Case Worker Layout

KyHealth Choices – HIPP Unit
(Address)
(City), (ST) (Zip + 4)
HIPP Unit: 999-999-9999
FAX: 999-999-9999

Date: (Date)

To: Case Worker (Case Worker)
(Area Office)
(Address 1)
(Address 2)
(City), (State) (Zip)

RE: (Member Name)
Case Number: (Case Number)

(Member Name) was referred to the Health Insurance Premium Payment (HIPP) program through HIPP referral form.

We are unable to consider this referral for the HIPP program because:

(Information Needed code).

If you have any questions, please call or fax the HIPP Unit.

2.9.34.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Address 1	The first line of the caseworkers street address	30	Char	T_COUNTY	ADR_STREET_1
Address 2	The second line of the caseworkers street address	30	Char	T_COUNTY	ADR_STREET_2
Area Office	Name of office where case worker is based.	30	Char	N/A	N/A

Field	Description	Length	Data Type	DB Table	DB Attributes
Case Number	The case number that pertains to the member	10	Char	T_RE_CASE	NUM_CASE
Case Worker	The caseworkers name	31	Char	T_RE_CARE_MNGR	NAM_FULL
City, State, Zip	The city, state and zip code of the case worker	26	Char	T_COUNTY	ADR_CITY+ADR_STATE+ADR_ZIP_CODE+
Date	The date the letter was generated	8	Date (MM/DD/CCYY)	T_LTR_RQST_T RK	DTE_SENT
Information Needed	The text that describes which information is needed	500	Char	N/A	HARDCODED
Member Name	The member's firstname	13	Char	T_RE_BASE	NAM_FIRST

2.9.34.4 Associated Programs

Program	Description
No associated Programs found.	

2.9.34.5 Associated Requirements

ID
30.020.004.002
30.050.004.002.18
30.090.004.002.21
30.090.004.003.3

2.9.34.6 Change Orders

ID	Name	Description
2575	HIPP Letters	Update the HIPP letters to accommodate new fields.

2.9.35 TPL-9501-R -- HIPP Payment History Letter

This letter displays the HIPP payments history for a policy and the recoupment associated with the policy. This letter can be generated from the HIPP Case Letter panel.

2.9.35.1 Technical Name

TPL-9501-R

2.9.35.2 HIPP Payment History Letter Layout

<u>HIPP Case Payment History</u>					
Date: (CURR DATE)					
Policy Number : (POLICY ID) Case Number : (CASE NUMBER)					
RA/Paid Amount	RA Issue Date	RA Number	Expenditure	Expenditure Activated Date	Expenditure Status
(AMT PAID)	(RA ISSUE DATE)	(RA NUM)	(EXPENDITURE)	(EXP ACT DTE)	(EXP STAT)
A/R Number		Date Added	A/R Amount		
(AR NUM)		(DATE ADD)	(AR AMT)		
Total Amount Dispositioned: (TTL AMT DISP)					

2.9.35.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
AR Amt	The amount that is expected to be received by the A/R	9	Decimal	T_ACCT_REC	AMT_SETUP
AR Num	Accounts Receivable set up for recoupments	13	Char	T_ACCT_REC	NUM_CONTROL_AR
Amt Paid	The amount paid on the RA	9	Char	T_CASH_RECEIPT	AMT_PAID
Case Number	The case number that pertains to the member	10	Char	T_RE_CASE	NUM_CASE
Curr Date	The date the letter was created and printed.	8	Date (MM/DD/)	T_LTR_RQST_TRK	DTE_SENT

Field	Description	Length	Data Type	DB Table	DB Attributes
			CCYY)		
Date Add	The date A/R was added to the system	8	Date (MM/DD/CCYY)	T_ACCT_REC	DTE_ADDED
Exp Act Dte	The date which the expenditure was released into the system for processing	8	Date (MM/DD/CCYY)	T_EXPENDITURE	DTE_ACTIVATION
Exp Stat	The code indicating the status of check (Processed/Voided/NA)	9	Char	T_FIN_PAYMNT	CDE_STATUS
Expenditure	The system-assigned key to uniquely identify an expenditure	9	Number	T_EXPENDITURE	SAK_EXPENDITURE
Policy ID	The policy ID for which payment history is generated	9	Number	T_TPL_RESOURCE	NUM_TPL_POLICY
RA Issue Date	The date the check was written (date of financial cycle)	8	Date (MM/DD/CCYY)	T_FIN_PAYMNT	DTE_ISSUE
RA Num	MICR number that is preprinted on the cheque	9	Char	T_CASH_RECEIPT	NUM_CHECK
Ttl Amt Disp	The total amount received for this A/R	9	Char	N/A	CALCULATED

2.9.35.4 Associated Programs

Program	Description
No associated Programs found.	

2.9.35.5 Associated Requirements

ID
30.020.004.002
30.050.004.002.18
30.090.004.002.21
30.090.004.003.3

2.9.35.6 Change Orders

ID	Name	Description
2575	HIPP Letters	Update the HIPP letters to accommodate new fields.

2.9.36 TPL-9510-R -- HIPP Enrollment Notification Form

A HIPP Enrollment Notification Form is mailed to the employer, along with completed insurance enrollment forms when a request for the member to be enrolled into the group insurance is made by TPL Unit. This form asks the employer to enter the policy number, group number and first premium due date and then to return the form to TPL Unit as notification of enrollment.

2.9.36.1 Technical Name

TPL-9510-R

2.9.36.2 HIPP Enrollment Notification Form Layout

EDS
Fiscal Agent for Kentucky Medicaid
Third Party Liability Unit
P.O. Box 2107
Frankfort KY 40602-2107

Employee SSN: __ (Employee SSN) _____
Employee Name: __ (Employee Name) _____
Employee Address : __ (Employee Address) _____
KCN: __ (KCN) _____
Premium Frequency: __ (Premium Frequency) _____
Date: __ (Date) _____

Dear (Employer Name)

Enclosed with this letter you will find a completed and signed insurance enrollment form. Please enroll this individual and advise Medicaid of the policy and group number assigned to this policy by returning this letter in the enclosed self-addressed, postage-paid envelope. Also, if the premium frequency listed above is not correct, please advise us prior to enrolling this individual.

Policy Number Assigned: _____
Group Number Assigned: _____
First Premium Due Date: _____

Thank you for your assistance. If you have any questions, please contact the EDS Third Party Liability Team at 800-807-1459.

Sincerely,
TPL Unit

2.9.36.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Date	The date the letter was generated	8	Date (MM/DD/CC YY)	NA	NA
Employee Address	The first line of the members street address	30	Char	T_RE_BASE	ADR_STREET_1
Employee SSN	The members social security number	9	Char	T_RE_BASE	NUM_SSN
Employer Name	The employees name	30	Char	T_RE_BASE	NAM_LAST,. NAM_FIRST
KCN	The members HIPP control number	9	Char	T_HIPP_RESOU RCE	SAK_HIPP
Premium Frequency	The frequency of the premium payment	10	Char	T_HIPP_SCHED	DSC_CODE

2.9.36.4 Associated Programs

Program	Description
No associated Programs found.	

2.9.36.5 Associated Requirements

ID
30.050.004.002.18
30.090.004.002.21
30.090.004.003.3

2.9.36.6 Change Orders

ID	Name	Description
1234	HIPP Enroll Notification Form	There is a need to generate a new TPL letter (HIPP Enrollment Notification Form) for the MMIS.

2.9.37 TPL-9511-R -- HIPP Enrollment Form Request Letter (Case Head)

An Enrollment Form Request Letter is generated to the Case Head when either of the following two situations occur:

- An add or change to the HIPP policy; or,
- A case has a future enrollment date which is 60-66 days greater than the HIPP processing date.

2.9.37.1 Technical Name

TPL-9511-R

2.9.37.2 HIPP Enrollment Form Request Letter (Case Head) Layout

(Sent Date)

(Case Head Name)
 (Case Head Addr)
 (Case Head Addr 2)
 (Case Head City), (Case Head St) (Case Head Zip)

Member Number: (Member ID)
 Group Number: (Group Num)
 Policy Number: (Policy Num)

Dear (Member),

We have reviewed your application to participate in the Health Insurance Premium Payment (HIPP) Program. We need additional information from you before we make a decision.

Please obtain all health insurance enrollment forms from your employer that are necessary for you to enroll into your employer's group health insurance plan. You must complete these forms and return them to us in the enclosed self-addressed, postage paid envelope within fifteen (15) days from the date you receive this letter. Failure to return this information could result in the loss of benefits.

If Medicaid approves paying your health insurance premium, you will be notified of the approval and that the health insurance enrollment forms have been submitted to your employer.

If you have any questions, please contact the Third Party Liability Unit at 999-999-9999.

Sincerely,

EDS
 Fiscal Agent for KY Medicaid
 Third Party Liability Unit
 P. O. Box 2107
 Frankfort, KY 40602-2107
 999-999-9999
 999-999-9999

2.9.37.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Case Head Addr	The first line of the street address of the primary or employed party associated with the HIPP case	30	Char	T_RE_BASE	ADR_STREET_1
Case Head Addr 2	The second line of the street address of the primary or employed party associated with the HIPP case	30	Char	T_RE_BASE	ADR_STREET_2
Case Head City	The city of the primary or employed party associated with the HIPP case	18	Char	T_RE_BASE	ADR_CITY

Field	Description	Length	Data Type	DB Table	DB Attributes
Case Head Name	The name of the primary or employed party associated with the HIPP case	29	Char	T_RE_BASE	NAM_LAST, NAM_FIRST
Case Head St	The state of the primary or employed party associated with the HIPP case	2	Char	T_RE_BASE	ADR_STATE
Case Head Zip	The zip code of the primary or employed party associated with the HIPP case	9	Char	T_RE_BASE	ADR_ZIP_CODE, ADR_ZIP_CODE_4
Group Num	The policy group number	16	Char	T_TPL_RESOURCE	NUM_GROUP
Member	The member's name	29	Char	T_RE_BASE	NAM_LAST, NAM_FIRST
Member ID	Medicaid ID of the member	12	Char	T_RE_BASE	ID_MEDICAID
Policy Num	The policy number of the member	16	Char	T_TPL_RESOURCE	NUM_TPL_POLICY
Sent Date	This is the date the letter is sent.	8	Date (MM/DD/CCYY)	NA	NA

2.9.37.4 Associated Programs

Program	Description
No associated Programs found.	

2.9.37.5 Associated Requirements

ID
30.050.004.002.18
30.090.004.002.21
30.090.004.003.3

2.9.37.6 Change Orders

ID	Name	Description
1235	Enroll Form Rqst Letter	There is a need to generate a new TPL letter (Enrollment Form Request Letter) for the MMIS.
4456	REL2 - Multi Recip Addr Letters	Update letters to use the t_re_multi_address table if multiple locations exist for the member.

2.9.38 TPL-9512-D -- HIPP Enrollment Form Request Follow-up Letter (Case Head)

An Enrollment Form Request Follow-up Letter is generated to the Case Head

2.9.38.1 Technical Name

TPL-9512-D

2.9.38.2 HIPP Enrollment Form Request Follow-up Letter (Case Head) Layout

**** Second Request ****

(Date)

(Case Head Name)
 (Case Head Addr 1)
 (Case Head Addr 2)
 (Case Head City), (Case Head St) (Case Head Zip)

Member Number: (Member ID)
 Group Number: (Group Num)
 Policy Number: (Policy Num)

Dear (Name),

We have reviewed your application to participate in the Kentucky Health Insurance Premium Payment (HIPP) Program. We need additional information from you before we make a decision.

Please obtain all health insurance enrollment forms from your employer that are necessary for you to enroll into your employer's group health insurance plan. You must complete these forms and return them to us in the enclosed self-addressed, postage paid envelope within fifteen (15) days from the date you receive this letter. Failure to return this information could result in the loss of benefits.

If Medicaid approves paying your health insurance premium, you will be notified of the approval and that the health insurance enrollment forms have been submitted to your employer.

If you have any questions, please contact EDS Third Party Liability unit at 999-999-9999.

Sincerely,

EDS
 Fiscal Agent for KY Medicaid
 Third Party Liability Unit
 P. O. Box 2107
 Frankfort, KY 40602-2107
 999-999-9999
 999-999-9999

2.9.38.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Case Head Addr 1	The first line of the street address of the primary or employed party associated with the HIPP case	30	Char	T_RE_BASE	ADR_STREET_1
Case Head Addr 2	The second line of the street address of the primary or employed party associated with the HIPP case	30	Char	T_RE_BASE	ADR_STREET_2
Case Head City	The city of the primary or employed party associated with the HIPP case	18	Char	T_RE_BASE	ADR_CITY
Case Head Name	The name of the primary or employed party associated with the HIPP case	30	Char	T_RE_BASE	NAM_LAST, NAM_FIRST
Case	The state of the primary or employed	2	Char	T_RE_BASE	ADR_STATE

Field	Description	Length	Data Type	DB Table	DB Attributes
Head St	party associated with the HIPPA case				
Case Head Zip	The zip code of the primary or employed party associated with the HIPPA case	9	Char	T_RE_BASE	ADR_ZIP_CODE, ADR_ZIP_CODE_4
Date	The date the letter was generated	8	Date (MM/DD/CCYY)	N/A	N/A
Group Num	The policy group number	16	Char	T_TPL_RESOURCE	NUM_GROUP
Member Id	The member identification	12	Char	T_RE_BASE	ID_MEDICAID
Name	The member's name	29	Char	T_RE_BASE	NAM_FIRST, NAM_MID_INIT, NAM_LAST
Policy Number	The Policy Number of member	12	Char	T_TPL_RESOURCE	NUM_TPL_POLICY

2.9.38.4 Associated Programs

Program	Description
No associated Programs found.	

2.9.38.5 Associated Requirements

ID
30.050.004.002.18
30.090.004.002.21
30.090.004.003.3

2.9.38.6 Change Orders

ID	Name	Description
1236	Enroll Form Rqst Followup Letter	Generate a new TPL letter (Enrollment Form Request Followup Letter) for the MMIS.
4262	Rel 2 - HIPPA follow up letters	Create a batch process to request the HIPPA follow-up letters.
4456	REL2 - Multi Recip Addr Letters	Update letters to use the t_re_multi_address table if multiple locations exist for the member.

2.9.39 TPL-9513-R -- HIPP No Premium Request Received In The Last 60 Days Letter (Case Head)

A No Premium Payment Request Received in the Last 60 Days Letter is generated to the Case Head when the following situation occurs:

When HIPP payment setup shows 60-66 days aged.

2.9.39.1 Technical Name

TPL-9513-R

2.9.39.2 HIPP No Premium Request Received In The Last 60 Days Letter (Case Head) Layout

(Date)

(Case Head Name)
 (Case Head Addr 1)
 (Case Head Addr 2)
 (Case Head City), (Case Head St) (Case Head Zip)

(Case Number)
 Group Number : (Group Number)
 HIPP Number : (Hipp Id)

Dear (Case Head Name),

Our records indicate that you are currently in approved premium payment status in the Kentucky Health Insurance Premium Payment (HIPP) program. However, we have not received a premium payment request in the past 60 days. If a request for reimbursement of premiums is not submitted with the required proof of payment within 30 days, you could lose your Medicaid eligibility. If there is a reason premium payment requests are not being forwarded to EDS, please indicate the reason below.

If you have any questions, please contact EDS Third Party Liability unit at 999-999-9999.

Sincerely,

EDS
 Fiscal Agent for KY. Medicaid
 Third Party Liability unit
 P. O. Box 2107
 FRANKFORT, KY 40602-2107
 999-999-9999
 999-999-9999

2.9.39.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Case Head Addr 1	The first line of the street address of the primary or employed party associated with the HIPP case	30	Char	T_RE_BASE	ADR_STREET_1
Case Head Addr 2	The second line of the street address of the primary or employed party associated with the HIPP case	30	Char	T_RE_BASE	ADR_STREET_2
Case Head City	The city of the primary or employed party associated with the HIPP case	18	Char	T_RE_BASE	ADR_CITY
Case Head	The name of the primary or employed	30	Char	T_RE_BASE	NAM_LAST, NAM_FIRST

Field	Description	Length	Data Type	DB Table	DB Attributes
Name	party associated with the HIPP case				
Case Head St	The state of the primary or employed party associated with the HIPP case	2	Char	T_RE_BASE	ADR_STATE
Case Head Zip	The zip code of the primary or employed party associated with the HIPP case	9	Char	T_RE_BASE	ADR_ZIP_CODE, ADR_ZIP_CODE_4
Case Number	The case number of the primary or employed party associated with the HIPP case	10	Char	T_CALL_TRACK	NUM_CASE
Date	The date the letter was generated	8	Date (MM/DD/CCYY)	NA	NA
Group Number	The policy group number	16	Char	T_TPL_RESOURCE	NUM_GROUP
HIPP ID	The Health Insurance Premium Payment identification number	9	Char	NA	NA

2.9.39.4 Associated Programs

Program	Description
No associated Programs found.	

2.9.39.5 Associated Requirements

ID
30.050.004.002.18
30.090.004.002.21
30.090.004.003.3

2.9.39.6 Change Orders

ID	Name	Description
1237	No Premium Rqst Rcvd Letter	Generate a new TPL letter (No Premium Request Received in the Last 60 days) for the MMIS.
4249	REL2 - Modify tpl1150w	Add functionality to tpl1150w so that if it's been 60 days since the last request for a premium payment,

ID	Name	Description
		letter TPL-9513-R is generated.
4262	Rel 2 - HIPP follow up letters	Create a batch process to request the HIPP follow-up letters.
4456	REL2 - Multi Recip Addr Letters	Update letters to use the t_re_multi_address table if multiple locations exist for the member.

2.9.40 TPL-9515-R -- Absent Parent Questionnaire

This letter is created and sent to the absent parent in order to determine if other insurance is being provided for the child/children.

2.9.40.1 Technical Name

TPL-9515-R

2.9.40.2 Absent Parent Questionnaire Layout

ATTN: TPL Unit
P.O. Box 2107
Frankfort, KY 40602-2107
800-807-1459
502-209-3000

Date: (MM/DD/CCYY)
(Last Name), (First Name)
(Address)
(City), (State) (Zip + 4)

Member Name : (Member Name)
Member Number : (Member ID)

The Kentucky Department for Medicaid Services is required to obtain all health insurance coverage information on your Medical eligible child/children. This includes any coverage you may be providing for your child/children.

Please complete the following questions:

1. Do you currently have health insurance coverage on your child/children?
☐ YES ☐ NO

If you answered "YES" to question number 1, please complete the following policy information.

2. Insurance Carrier Name: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____

3. Group Name/Number: _____
Policy Number: _____
Policy Start Date: _____
Policy End Date: _____

4. Type of policy / covered services (check all that applies)
A. Doctor's Service
B. Hospital
C. Dental
D. Vision
E. Drugs (Name of Drug Carrier) _____
F. Special Coverage (i.e.: Cancer Coverage) _____
G. Other

It is important that you fill out as much of this form as possible and return within 10 days. If you have any questions, please contact the Third Party Liability Unit at 800-807-1459.

2.9.40.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Address	The first line of the absent parents street address	30	Char	T_TPL_AC_PAREN T	ADR_STREET_1
City	The city where the absent parent resides	18	Char	T_TPL_AC_PAREN T	ADR_CITY
Date	The date the letter was generated	8	Date (MM/DD/CCYY)	T_LTR_RQST_TEMPLAT	DTE_GENERATE
First Name	The absent parents first name	13	Char	T_TPL_AC_PAREN T	NAM_FIRST
Last Name	The absent parents last name	15	Char	T_TPL_AC_PAREN T	NAM_LAST
Member	Medicaid ID of the	12	Char	T_RE_BASE	ID_MEDICAID

Field	Description	Length	Data Type	DB Table	DB Attributes
Id	member				
Member Name	The members name	30	Char	T_RE_BASE	NAM_LAST, NAM_FIRST
State	The state where the absent parent resides	2	Char	T_TPL_AC_PA RENT	ADR_STATE
Zip+4	The nine character zip code for the absent parent	9	Number	T_TPL_AC_PA RENT	ADR_ZIP

2.9.40.4 Associated Programs

Program	Description
No associated Programs found.	

2.9.40.5 Associated Requirements

ID
30.090.004.003.3

2.9.40.6 Change Orders

ID	Name	Description
1245	Absent Parent Questionnaire	Generate a new TPL letter (Absent Parent Questionnaire) for the MMIS.
8355	Absent Parent interface	The Absent Parent Datamatch should suppress producing questionnaires, this process is handled by HMS.

2.9.41 TPL-9516-D -- Absent Parent Questionnaire Follow-Up

2.9.41.1 Technical Name

TPL-9516-D

2.9.41.2 Absent Parent Questionnaire Follow Up Layout

ATTN: TPL Unit
P.O. Box 2107
Frankfort, KY 40602-2107
800-807-1459
502-209-3000

Date: (MM/DD/CCYY)

Original Date: (MM/DD/CCYY)

(Last Name) (First Name)

(Address)

(City), (State) (Zip + 4)

Member Name : _____

Member Number : _____

The Kentucky Department for Medicaid Services is required to obtain all health insurance coverage information on your Medical eligible child/children. This includes any coverage you may be providing for your child/children.

Please complete the following questions:

1. Do you currently have health insurance coverage on your child/children?

☐ YES

☐ NO

If you answered "YES" to question number 1, please complete the following policy information.

2. Insurance Carrier Name: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____

3. Group Name/Number: _____
Policy Number: _____
Policy Start Date: _____
Policy End Date: _____

4. Type of policy / covered services (check all that applies)

A. Doctor's Service

B. Hospital

C. Dental

D. Vision

E. Drugs (Name of Drug Carrier) _____

F. Special Coverage (i.e.: Cancer Coverage) _____

G. Other

It is important that you fill out as much of this form as possible and return within 10 days. If you have any questions, please contact the Third Party Liability Unit at 800-807-1459.

2.9.41.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Address	The first line of the absent parents street address	30	Char	T_TPL_AC_PAR ENT	ADR_STREET_1
City	The city where the absent parent resides	18	Char	T_TPL_AC_PAR ENT	ADR_CITY
Date	The date the letter was generated	8	Date (MM/DD/CC YY)	T_LTR_RQST_T EMPLAT	DTE_GENERAT E
First Name	The absent parents first name	13	Char	T_TPL_AC_PAR ENT	NAM_FIRST
Last Name	The absent parents last name	15	Char	T_TPL_AC_PAR ENT	NAM_LAST
Member Id	Medicaid ID of the member	12	Char	T_RE_BASE	ID_MEDICAID

Field	Description	Length	Data Type	DB Table	DB Attributes
Member Name	The members name	30	Char	T_RE_BASE	NAM_LAST, NAM_FIRST
State	The state where the absent parent resides	2	Char	T_TPL_AC_PAR ENT	ADR_STATE
Zip+4	The nine character zip code for the absent parent	9	Number	T_TPL_AC_PAR ENT	ADR_ZIP

2.9.41.4 Associated Programs

Program	Description
No associated Programs found.	

2.9.41.5 Associated Requirements

ID
30.090.004.003.3

2.9.41.6 Change Orders

ID	Name	Description
1479	FollowUp Absent Parent Qstnaire	There is a need to generate follow up absent parent questionnaires if no response had been received from the first questionnaire.
3166	REL2-T_TPL_LTR_RESP_XREF	Produce a daily process which inserts a row into T_TPL_LTR_RESP_XREF when a letter was requested by inserting a row into T_LG_LETTER_REQUEST.
8355	Absent Parent interface	The Absent Parent Datamatch should suppress producing questionnaires, this process is handled by HMS.

2.9.42 TPL-9517-R -- Case Estate Recovery Statement

This statement is used by TPL to attest that the fiscal agent's records of Medicaid payments are authentic representations of the KyHealth Choices Program claims paid.

2.9.42.1 Technical Name

TPL-9517-R

2.9.42.2 Case Estate Recovery Statement Layout

(MM/DD/CCYY)

(Executor First Name) (Mid. Init.) (Last Name)
(Address 1)
(Address 2)
(City), (State) (Zip + 4)

RE: (Member First Name) (Last Name) (Medicaid ID)

Dear (Executor First Name) (Mid. Init.) (Last Name),

EDS is the contracted fiscal agent for the Commonwealth of Kentucky, Cabinet for Health Services, Department for Medicaid Services, that state agency responsible for administering the state's Medicaid Program. EDS is the contracted fiscal agent acting on behalf of the Department for Medicaid Services to process and pay Medicaid claims in accordance with Medicaid policy.

This is to attest that the fiscal agent's records of Medicaid payments are authentic representations of Kentucky's Medicaid Program claims paid and that as of (DATE), these records reflect that a total of (TOTAL AMT) was paid by Kentucky's Medicaid Program for medical expenses on behalf of (MEMBER NAME), Medical Assistance Identification (MEDICAL ASST ID).

Sincerely,

Zach Ramsey, Director

2.9.42.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Date Paid	The begin paid claims date	8	Date (MM/DD/CCYY)	NA	NA
Date of Letter	Date of Letter	8	Date (CCYY/MM/DD)	DUAL	TODAY
Executor Address 1	Executor Address Line 1	55	Char	T_TPL_CASE_I NFO	ADR_STREET_1
Executor Address 2	Executor Address Line 2	55	Char	T_TPL_CASE_I NFO	ADR_STREET_2
Executor City	Executor City	30	Char	T_TPL_CASE_I NFO	ADR_CITY
Executor First Name	Executor First Name	15	Char	T_TPL_CASE_I NFO	NAM_FIRST
Executor Last Name	Executor Last Name	25	Char	T_TPL_CASE_I NFO	NAM_LAST
Executor Middle Initial	Executor Middle Initial	1	Char	T_TPL_CASE_I NFO	NAM_MID_INIT

Field	Description	Length	Data Type	DB Table	DB Attributes
Executor State	Executor State	2	Char	T_TPL_CASE_I NFO	ADR_STATE
Executor Zip	Executor Zip	20	Char	T_TPL_CASE_I NFO	ADR_ZIP_CODE
Medical Asst ID	The member's Medicaid ID number	12	Number	T_RE_BASE	ID_MEDICAID
Member Name	The member's name	30	Char	T_RE_BASE	NAM_LAST, NAM_FIRST
Total Amt	The amount Medicaid has paid for the member	9	Number (Decimal)	N/A	CALCULATED

2.9.42.4 Associated Programs

Program	Description
No associated Programs found.	

2.9.42.5 Associated Requirements

ID
30.090.004.003.3

2.9.42.6 Change Orders

ID	Name	Description
1248	Case Estate Recovery Stmt	Create the Estate Recovery Statement.
4456	REL2 - Multi Recip Addr Letters	Update letters to use the t_re_multi_address table if multiple locations exist for the member.

2.9.43 TPL-9518-R -- Case Estate Recovery Letter

This letter is created to recover against a member's estate for payments made on their behalf for nursing home or community based services.

2.9.43.1 Technical Name

TPL-9518-R

2.9.43.2 Case Estate Recovery Letter Layout

(Date)

(Executor Name)
(Executor Addr)
(Executor Addr 2)
(Executor City) , (Executor St) (Executor Zip + 4)

Dear (Executor Name) ,

The Cabinet for Health and Family Services, Department for Medicaid Services is required under 907 KAR 1:585 to recover from an individuals estate for payments made on their behalf for nursing home or community based services. In order to comply with this requirement, the Department has identified that (Member Name) has had (Paid Amt) paid on behalf of the above referenced member.

Enclosed is an Estate Recovery Information sheet for your review. Please read this information carefully and determine if the above-referenced member's estate is eligible for certain exemptions or exclusions. All pertinent verification must accompany your request and be submitted to the Health Management Systems, Inc., 5660 New Northside Drive, Suite 750, Atlanta, Georgia 30328 within thirty (30) days of this estate claim. Your failure to respond will result in a determination that no exemptions/exclusions apply to this claim.

If you wish to pay this claim, please make your draft payable to the Kentucky State Treasurer and forward the payment to the above address. If payment or response is not received within thirty (30) days, this office will proceed with the appropriate action to recover above stated amount.

If further information is required, please do not hesitate to contact Health Management Systems, Inc. at 1-770 980-9777, or at the above address. Thank you in advance for your prompt attention to this matter.

Sincerely,
(Signature)
Zach Ramsey, Director

MEDICAID ESTATE RECOVERY

WHAT IS MEDICAID ESTATE RECOVERY?

Medicaid estate recovery allows the state and federal governments to recover Medicaid costs paid on behalf of an aged institutionalized or permanently institutionalized individual. The Department for Medicaid Services (hereafter Department) shall recover the total amount of Medicaid costs paid on behalf of the deceased individual meeting the criteria.

Estate recovery will be against the estate of a Medicaid Member and shall include all real and personal property and other assets.

WHO IS SUBJECT TO ESTATE RECOVERY?

Any aged/over 55 institutionalized or permanently institutionalized individual who received Nursing Facility (NF) Services, Intermediate Care Facility for the Mentally Retarded and Developmentally Disabled Services (ICF/MR/DD), Home and Community Based Services (HCBS) or, Supports for Community Living (SCL) with payment for these services made, wholly or in part, by the Medicaid Program including all charges paid by Medicaid while receiving one of these services.

REQUESTS FOR EXEMPTIONS OR EXCEPTIONS MUST BE IN WRITING FROM THE REPRESENTATIVE OF THE ESTATE

-

EXEMPTIONS OR LIMITATIONS TO RECOVERY MAY APPLY IF:

- The deceased individual has a surviving spouse; or
- There is a surviving child under the age 21; or
- There is a surviving blind or disabled child as defined in §1614 of the Social Security Act.
- The total value of an estate is valued at \$10,000 or less; or
- It is not cost effective to recover from the estate; or
- The Department shall waive the application of the recovery provision if it is determined that recovery would work an undue hardship. An undue hardship shall exist if the estate is a sole income-producing asset of the surviving Member family members.
- The Department may also waive application of the recovery provisions if on a case by case basis if there are continuing education or health care needs of an estate heir.

HOW IS AN EXEMPTION REQUESTED?

The estate representative shall submit to the Department a written request for an exemption and provide verification to the satisfaction of the Department.

Regardless of the applicability of the above provisions, the Department shall not conclude that an undue hardship exists if the deceased Member created the hardship by resorting to estate planning methods under which the Member illegally divested assets in order to avoid estate recovery.

HOW WILL ESTATE RECOVERY OCCUR?

If an aged or permanently institutionalized individual who was receiving NF, ICF/MR/DD, HCBS or SCL services under the Medicaid Program dies, the institution providing services at the time of death shall be responsible for reporting the death to the Cabinet for Families and Children Services office within ten (10) days.

Upon receipt of the notice of death the Department shall prepare and shall serve written notice of the intent to recover upon the estate representative. The estate representative shall notify individuals who are affected by the proposed recovery. If no estate representative exists, notice shall be provided to the family member or heir if the Department can obtain information sufficient to serve such notice.

HOW WILL THE CHS LET THE ADMINISTRATOR KNOW IF AN EXEMPTION IS APPROPRIATE? WHAT HAPPENS IF NO EXEMPTION IS CLAIMED?

A general written notice regarding estate recovery shall be provided by the Department for Medicaid Services (or the Department for Community Based Services acting on its behalf) to an aged or permanently institutionalized individual (or an authorized representative acting on his behalf) at the time the individual requests coverage of NF, ICF/MR/DD, HCBS and SCL under the Medicaid Program.

The Department will review all requests for exemption or exception to recovery. If a claimed exemption is not appropriate or not documented, the Department will respond to the executor/administrator of the estate the amount of the Department's claim. If no exemption is claimed, the original amount stated in the initial notification is the amount owed.

APPEAL RIGHTS ARE GRANTED ONLY FOR DENIALS OF UNDUE HARDSHIP REQUEST.

Only the exemptions as stated above, when applicable, will be deducted from the total amount recoverable by the Department. No other costs, deductions or exceptions will be used in determining the amount of the Department's claim and the available assets upon which recovery is based.

Member name: _____

Member number: _____

Date of Letter: _____

REQUEST FOR ESTATE RECOVERY EXEMPTION

*IF YOU ARE REQUESTING AN EXEMPTION, PLEASE ANSWER YES OR NO TO THE FOLLOWING QUESTIONS. **ANY EXEMPTION REQUEST MUST BE IN WRITING AND YOU MUST PROVIDE THE DOCUMENTATION IDENTIFIED FOR EACH EXEMPTION AS LISTED BELOW. THE DOCUMENTS AND THIS QUESTIONNAIRE SHOULD BE RETURNED TO Health Management Systems, Inc. 5660 Northside Drive, Suite 750, Atlanta GA 30328 WITH YOUR WRITTEN REQUEST FOR AN EXEMPTION.***

1. Is there a surviving spouse? YES ___ NO ___

If yes, You **must** attach a copy of the death certificate with a **written** statement that you are requesting an exemption.

2. Are there any children under the age of 21? YES ___ NO ___

If yes, You **must** attach copies of birth certificates of all the children under the age of 21 and a **written** statement that you are requesting an exemption.

3. Is there a blind or disabled child? YES ___ NO ___

If yes, You **must** attach a copy of the birth certificate of the child claiming the exemption and copy of letter from Social Security Disability as proof of blindness or disability and a **written** statement that you are requesting an exemption.

4. Is the total value of the estate is \$10,000.00 or less? YES ___ NO ___

If yes, You **must** attach a **written** letter listing any assets of the estate, a value of each asset, a listing of any debts owed by the estate, and the letter must state you are requesting an exemption.

5. Is the asset of the estate the **SOLE** income-producing asset, for example a family farm or family business, that was conveyed to a surviving spouse, child or sibling of the deceased Member?
YES ___ NO ___

If yes, You **must** attach a copy of the Will, copy of the last two years income tax returns of the person claiming the exemption, copy of proof of relationship to the deceased Member, and a **written** statement that you are requesting an exemption.

2.9.43.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Executor Address	The first line of the street address for the person responsible for the members estate	30	Char	T_TPL_CASE_IN FO	ADR_STREET_1
Executor City	The city of the person responsible for the members estate	18	Char	T_TPL_CASE_IN FO	ADR_CITY

Field	Description	Length	Data Type	DB Table	DB Attributes
Executor Name	The name of the person responsible for the members estate	30	Char	T_TPL_CASE_IN FO	NAM_FIRST+NAM _MID_INIT+NAM_ LAST
Executor St	The state of the person responsible for the members estate	2	Char	T_TPL_CASE_IN FO	ADR_STATE
Executor Zip + 4	The zip code of the person responsible for the members estate	9	Number	T_TPL_CASE_IN FO	ADR_ZIP+ADR_ZI P_4
Member Name	The member's name	30	Char	T_RE_BASE	NAM_LAST, NAM_FIRST
Paid Amt	The amount Medicaid has paid on behalf of the member	9	Number (Decimal)	N/A	CALCULATED

2.9.43.4 Associated Programs

Program	Description
No associated Programs found.	

2.9.43.5 Associated Requirements

ID
30.090.004.003.3

2.9.43.6 Change Orders

ID	Name	Description
1249	Case Estate Recovery Ltr	Create the Estate Recovery Letter.
3518	REL2-Modify TPL-9518-W	Modify the Estate Recovery letter, TPL-9518-R to pull the entire Administrator name from the T_TPL_CASE_INFO.NAM_LAST field.
4036	REL2-DCR3235-Chg PCG to HMS-Ltrs	Change "Public Consulting Group" to "Health Management Systems, Inc." and "PCG" to "HMS" in various letters.
4456	REL2 - Multi Recip Addr Letters	Update letters to use the t_re_multi_address table if multiple locations exist for the member.

2.9.44 TPL-9519-R -- Case Estate Recovery Probate Letter

The Estate Recovery Probate Letter is created to recovery the estate of the deceased member.

2.9.44.1 Technical Name

TPL-9519-R

2.9.44.2 Case Estate Recovery Probate Letter Layout

Commonwealth of Kentucky
(COUNTY PROBATE NAME)
(COUNTY PROBATE ADDRESS 1)
(COUNTY PROBATE ADDRESS 2)
(COUNTY PROBATE CITY, STATE ZIP-ZIP4)

In Re (MEMBER) , Deceased

DEMAND FOR NOTICE OR ORDERS AND FILINGS

Comes the Department for Medicaid Services (the "Department"), and states the Department has a financial interest in the estate of the above-referenced decedent pursuant to the estate recovery provisions of Section 1917(b) of the Social Security Act and 907 KAR 1:585.

Wherefore, pursuant to KRS 395.012, the Department demands a copy of each order and filing which has heretofore been entered in the above proceeding and written notice of all orders and filings which are to be entered or made hereafter. The Department's mailing address for notice is:

Department for Medicaid Services
c/o Health Management Systems, Inc.
5660 New Northside Drive, Suite 750,
Atlanta, Georgia 30328.

Dated: (CURR DATE)

(Signature)

Zach Ramsey, Director
Division of Fraud, Waste and Abuse/Identification and Prevention
Cabinet for Health and Family Services
Office of the Inspector General
275 East Main Street, 6 East
Frankfort, Kentucky 40601

2.9.44.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
County Probate City, State, Zip and Zip4	The city, state and zip code of the county probate court.	41	Char	T_TPL_COUNT Y_PROBATE	ADR_CITY, ADR_STATE, ADR_ZIP, ADR_ZIP4
County Probate Address 1	The first address line of the county probate court.	55	Char	T_TPL_COUNT Y_PROBATE	ADR_STREET_1
County Probate Address 2	The second address line of the county probate court.	55	Char	T_TPL_COUNT Y_PROBATE	ADR_STREE_2
County Probate Name	The name of the county probate court.	25	Char	T_TPL_COUNT Y_PROBATE	NAM_PROBATE_ COUNTY
Curr Date	The date the letter is generated	8	Date (MM/DD/CCY Y)	T_LG_LETTER_ TEMPLATE	DTE_GENERATE D
Member	The name of the deceased member	30	Char	T_RE_BASE	NAM_LAST, NAM_FIRST

2.9.44.4 Associated Programs

Program	Description
No associated Programs found.	

2.9.44.5 Associated Requirements

ID
30.090.004.003.3

2.9.44.6 Change Orders

ID	Name	Description
1250	Case Estate Recvry Probate Ltr	Create an Estate Recovery Probate Letter.
4036	REL2-DCR3235-Chg PCG to HMS-Ltrs	Change "Public Consulting Group" to "Health Management Systems, Inc." and "PCG" to "HMS" in various letters.
4456	REL2 - Multi Recip Addr Letters	Update letters to use the t_re_multi_address table if multiple locations exist for the member.

2.9.45 TPL-9520-R -- Billing Member Letter

This letter is generated when the carrier denies a TPL billing due to paying the Member.

2.9.45.1 Technical Name

TPL-9520-R

2.9.45.2 Billing Member Letter Layout

ATTN: Third Party Liability Unit
P.O. Box 2107
Frankfort, KY 40602
999-999-9999
999-999-9999

(Member Last Name), (Member First Name)
(Member Address Line 1)
(Member Address Line 2)
(Member City), (Member State) (Member Zip)

Date: (Date)
User: (User ID)
Medicaid Number: (Member ID)

EDS is currently handling all Medicaid claims processing for the Kentucky Department for Medicaid Services (DMS). In accordance with State and Federal Regulations, the Department for Medicaid Services is the last resource of payment. The Commonwealth of Kentucky through Medicaid has assignment rights for the total amount it has made on your behalf.

DMS has paid for medical expenses incurred by you for the following Medicaid providers:

Name (Provider Name)	Date of Service (Date of Service)	Amount Paid (Amt Paid)
---------------------------	--	-----------------------------

We have been informed that you received a check from _____ for these medical services. If you have cashed the check, send a money order or personal check in the amount of \$(Amt Needed) made payable to the Kentucky State Treasurer. If you have spent the amount owed, monthly payments of \$50.00 is acceptable to the Medicaid Program. Please mail the check or money order to EDS in the enclosed postage paid envelope within 10 days.

Thank you for your cooperation in this matter. If you have any questions, please contact the Third Party Liability Unit.

2.9.45.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Amt Needed	Amount due from the member	11	Number	T_CLM_PGM_X REF	CALCULATED
Amt Paid	Amount paid by Medicaid to Provider	8	Number	T_CLM_PGM_X REF	CALCULATED
Date	The date the letter was generated	8	Date (MM/DD/CCY Y)	NA	NA
Date of Service	Date of Service	8	Date (CCYY/MM/DD)	T_HIST_DIRECT TORY	DTE_FIRST_SVC +DTE_TO_DATE
Member Address Line 1	The first line of the street address for the member	30	Char	T_RE_BASE	ADR_STREET_1
Member Address Line 2	Member Address Line 2	30	Char	T_RE_BASE	ADR_STREET_2
Member City	The city where the member resides	18	Char	T_RE_BASE	ADR_CITY
Member First	The members first	13	Char	T_RE_BASE	NAM_FIRST

Field	Description	Length	Data Type	DB Table	DB Attributes
Name	name				
Member ID	Medicaid ID of the member	12	Char	T_RE_BASE	ID_MEDICAID
Member Last Name	The members last name	15	Char	T_RE_BASE	NAM_LAST
Member State	The members state	2	Char	T_RE_BASE	ADR_STATE
Member Zip	The members zip code with the four digit extension	9	Char	T_RE_BASE	ADR_ZIP_CODE, ADR_ZIP_CODE_4
Provider Name	The providers name	30	Char	T_WEB_PROV	PROV_NAME
User ID	ID of the user/clerk	25	Char	T_CLERK_PRO FILE	ID_CLERK

2.9.45.4 Associated Programs

Program	Description
No associated Programs found.	

2.9.45.5 Associated Requirements

ID
30.050.004.002.9
30.090.004.003.3

2.9.45.6 Change Orders

ID	Name	Description
1247	Member Billing Letter	Create the Member Billing Letter
2190	Promote to MO	Promotes CORE change orders to KY Test/MO
2327	Member and Provider Billing LTRS	When a Carrier we billed tells us they already made payment to either the Member or the Provider, we need to close the Carrier billing and create one for the new entity. Whether the new entity is a Member or a Provider is determined by the value of the CDE_REASON_TWO field on the T_TPL_AR_HEALTH table.
4456	REL2 - Multi Recip Addr Letters	Update letters to use the t_re_multi_address table if

ID	Name	Description
		multiple locations exist for the member.

2.9.46 TPL-9521-W -- Billing Follow-Up Letter to Member

This follow-up letter is generated when the Member fails to respond to the Member billing letter.

2.9.46.1 Technical Name

TPL-9521-W

2.9.46.2 Billing Follow-Up Letter to Member Layout

ATTN: Third Party Liability Unit
P.O. Box 2107
Frankfort, KY 40602
(9-999-999-9999)
(9-999-999-9999)

Orig Date Sent: (Date)

Date: (Date)

User: (User ID)

Member ID: (Member ID)

(Member Last Name) , (First Name)

(Member Addr 1)

(Member Addr 2)

(Member City) , (Member St) (Member Zip + 4)

Our office recently advised you that the amount you received from the insurance carrier for your medical bills should be reimbursed to the Kentucky Department for Medicaid Services. To date you have not fulfilled your obligation. Please remit payment in full or resume your monthly payment of \$50.00. Make all money orders or personal checks payable to the Kentucky State Treasurer.

If a response is not received in our office within 10 days, this matter will be investigated by the Department for Medicaid Services for further action.

If you have any questions, please contact the Third Party Liability Unit.

Thank you for your cooperation in this matter.

2.9.46.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Date	The date the letter was generated	8	Date (MM/DD/CCY Y)	NA	NA
Member Addr 1	The first line of the street address for the member	30	Char	T_RE_BASE	ADR_STREET_1
Member Addr 2	The second line of the street address for the member	25	Char	T_RE_BASE	ADR_STREET_2
Member City	The city where the member resides	18	Char	T_RE_BASE	ADR_CITY
Member First Name	The members first name	13	Char	T_RE_BASE	NAM_FIRST
Member ID	Medicaid ID of the member	12	Char	T_RE_BASE	ID_MEDICAID
Member Last Name	The members last name	15	Char	T_RE_BASE	NAM_LAST
Member St	The members state	2	Char	T_RE_BASE	ADR_STATE
Member	The members zip code with the four	9	Char	T_RE_BASE	ADR_ZIP_CODE, ADR_ZIP_CODE

Field	Description	Length	Data Type	DB Table	DB Attributes
Zip+4	digit extension				_4
User ID	ID of the user/clerk	25	Char	T_CLERK_PRO FILE	ID_CLERK

2.9.46.4 Associated Programs

Program	Description
No associated Programs found.	

2.9.46.5 Associated Requirements

ID
30.050.004.002.9
30.090.004.003.3

2.9.46.6 Change Orders

ID	Name	Description
1246	Member Billing Follow-Up Letter	Create a Member Billing Follow-Up Letter
1467	Billing follow up process	Generate member and provider billing follow-up letters.

2.9.47 TPL-9522-R -- Billing Provider Letter

This letter is generated when the carrier denies a TPL billing due to paying the Provider.

2.9.47.1 Technical Name

TPL-9522-R

2.9.47.2 Billing Provider Letter Layout

EDS LOGO IMAGE

ATTN: THIRD PARTY LIABILITY UNIT
P.O. BOX 2107
FRANKFORT, KY 40602-2107
999-999-9999
999-999-9999

(MEMBER LAST NAME), (FIRST NAME)
(ADDRESS 1)
(ADDRESS 2)
(CITY), (ST) (ZIP + 4)

Date: (MM/DD/CCYY)
User: (USER NAME)
Provider Name: (PROVIDER NAME)
Provider Number: (PROVIDER ID)

Dear Provider:

There has been an error in the payment you have received from the Department for Medicaid Services (DMS) on the patient and date(s) listed below. The excess is a result of duplicate payment made by DMS and the insurance carrier(s) and should now be refunded to the program.

Member Name	Date of Service	Transaction Control Number	DMS Paid	Member ID
(MEMBER NAME)	(MM/DD/CCYY)	(ICN)	\$(DMS PAID)	(MEMBER ID)

Please make your check for (AMT PAID) payable to the Kentucky State Treasurer and forward your payment with a copy of this letter to the above address. If your reply or check is not received by (MM/DD/CCYY), we will automatically withhold (AMT PAID) from future claim payments.

Sincerely,

TPL Unit

2.9.47.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Address 1	The first line of the member's street address	30	Char	T_RE_BASE	ADR_STREET_1
Address 2	The second line of the member's street address	30	Char	T_RE_BASE	ADR_STREET_2
AMT PAID	The total amount to be paid or withheld (sum of DMS PAID)	10	Number	N/A	CALCULATED
City	The city where the member resides	18	Char	T_RE_BASE	ADR_CITY
Date	The date the letter was generated	10	Date (MM/DD/CCYY)	DUAL	SYSDATE
Date Due	The date the AMT PAID must be received	10	Date (MM/DD/CCYY)	DUAL	SYSDATE + 30 DAYS

Field	Description	Length	Data Type	DB Table	DB Attributes
Date of Service	The first service date for this member's claim	10	Date (MM/DD/CCYY)	T_HIST_DIRECT ORY	DTE_FIRST_SVC
DMS PAID	Amount paid by DMS Amount paid by DMS	9	Number	T_TPL_AR_HEA LTH	AMT
First Name	The member's first name	15	Char	T_RE_BASE	NAM_FIRST
ICN	Transaction Control Number	0	Char	T_HIST_DIRECT ORY	NUM_ICN_FL
Member ID	The member's ID number	12	Char	T_RE_BASE	ID_MEDICAID
Member Last Name	The member's last name	20	Char	T_RE_BASE	NAM_LAST
Member Name	Member's first and last name	29	Char	T_RE_BASE	NAM_FIRST, NAM_LAST
Provider ID	The provider's unique identification number	11	Char	T_PR_PROV	ID_PROV
Provider Name	The provider's name	26	Char	T_PR_NAM	PROV_NAME
ST	The state where the member resides	2	Char	T_RE_BASE	ADR_STATE
User	Clerk Identification	8	Char	T_LETTER_REQ UEST	CLERK_ID
ZIP+4	The member's 5+4 digit zip code with hyphen	10	Number	T_RE_BASE	ADR_ZIP_CODE _4

2.9.47.4 Associated Programs

Program	Description
No associated Programs found.	

2.9.47.5 Associated Requirements

ID
30.050.004.002.9
30.090.004.003.3

2.9.47.6 Change Orders

ID	Name	Description
1258	Billing Provider Letter	Create the Provider Billing Letter
1670	CaseTrackingMultMemAff	Create case tracking multiple members affidavit Letter.
2190	Promote to MO	Promotes CORE change orders to KY Test/MO
2327	Member and Provider Billing LTRS	When a Carrier we billed tells us they already made payment to either the Member or the Provider, we need to close the Carrier billing and create one for the new entity. Whether the new entity is a Member or a Provider is determined by the value of the CDE_REASON_TWO field on the T_TPL_AR_HEALTH table.
4456	REL2 - Multi Recip Addr Letters	Update letters to use the t_re_multi_address table if multiple locations exist for the member.

2.9.48 TPL-9523-R -- Member Questionnaire

This letter is generated when information regarding TPL is needed from the member.

2.9.48.1 Technical Name

TPL-9523-R

2.9.48.2 Member Questionnaire Layout

Orig Date Sent: (Orig Date Sent)

Date: (Curr Date)
Clerk: (Clerk ID)
Member ID: (Member ID)

Third Party Liability Unit
P.O. Box 2107
Frankfort, KY 40602-2107
999-999-9999
999-999-9999

(Last Name) , (First Name)
(Address)
(City) , (State) (Zip)

Federal and State regulations require that private and group insurance plans pay for health care services before Medicaid. If you are enrolled in the Medicaid Program and are covered by another health insurance plan, complete this form, sign and return it. If you are not covered by another plan, answer "No" to question number 1, sign and return this form.

Reporting coverage by another insurance company will not affect your benefits or eligibility under the Medicaid Program.

RETURN ONLY THIS FORM
DO NOT SEND ANY OTHER DOCUMENT

Are you covered by another health insurance policy?

☐ YES ☐ NO If your answer is NO you can automate your response by calling

999-999-9999, 8:00A.M. to 4:30 P.M.

E.S.T.

If you answered "YES" to the above question, please complete the following policy information.

2)	Insurance Company Name:	Telephone Number		
3)	Insurance Company Address:	City	State	Zip
4)	Group Name/Number	Policy Number	Policy Start Date	
5)	Policy End Date	Carrier Code	Coverage Code	
6)	Policyholder Name	Policyholder SSN		
7)	Type of Policy/Covered Services (Check all that are applicable)			
	<input type="checkbox"/> Doctors Services	<input type="checkbox"/> Medicare Supplement		
	<input type="checkbox"/> Hospitals	<input type="checkbox"/> Specialized Coverage		
	<input type="checkbox"/> Dental	<input type="checkbox"/> Other		
	<input type="checkbox"/> Vision			
	<input type="checkbox"/> Drugs (Name of Drug Carrier)			

THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I understand according to KRS 205.624 my rights to third party payment are assigned to the Cabinet for Health and Family Services for the amount that the Department for Medicaid Services pays on my behalf.

SIGNATURE

DATE

2.9.48.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Address	The first line of the members street address	30	Char	T_RE_BASE	ADR_STREET_1
City	The city where the member resides	18	Char	T_RE_BASE	ADR_CITY
Clerk ID	The user that generated the letter	8	Char	NA	NA
Date	The date the letter was generated	8	Date (MM/DD/CCY Y)	N/A	N/A
First name	The members first name	15	Char	T_RE_BASE	NAM_FIRST
Last name	The members last name	20	Char	T_RE_BASE	NAM_LAST

Field	Description	Length	Data Type	DB Table	DB Attributes
Member ID	The member's Medicaid ID	12	Char	T_RE_BASE	ID_MEDICAID
Orig Date Sent	The original date the letter was sent	8	Date (MM/DD/CCYY)	N/A	N/A
State	The state where the member resides	2	Char	T_RE_BASE	ADR_STATE
Zip	The five character zip code for the member	5	Char	T_RE_BASE	ADR_ZIP_CODE

2.9.48.4 Associated Programs

Program	Description
No associated Programs found.	

2.9.48.5 Associated Requirements

ID
30.090.004.003.3

2.9.48.6 Change Orders

ID	Name	Description
1259	Billing Member Questionnaire	Create Member Questionnaire
4456	REL2 - Multi Recip Addr Letters	Update letters to use the t_re_multi_address table if multiple locations exist for the member.

2.9.49 TPL-9524-D -- Member Questionnaire Follow-Up

2.9.49.1 Technical Name

TPL-9524-D

2.9.49.2 Member Questionnaire Follow-Up Layout

Orig Date Sent: (Orig Date Sent)

Date: (Curr Date)
Clerk: (Clerk ID)
Member ID: (Member ID)

Third Party Liability Unit
P.O. Box 2107
Frankfort, KY 40602-2107
999-999-9999
999-999-9999

(Last Name) , (First Name)
(Address)
(City) , (State) (Zip)

Federal and State regulations require that private and group insurance plans pay for health care services before Medicaid. If you are enrolled in the Medicaid Program and are covered by another health insurance plan, complete this form, sign and return it. If you are not covered by another plan, answer "No" to question number 1, sign and return this form.

Reporting coverage by another insurance company will not affect your benefits or eligibility under the Medicaid Program.

RETURN ONLY THIS FORM
DO NOT SEND ANY OTHER DOCUMENT
Are you covered by another health insurance policy?
☐ YES ☐ NO If your answer is NO you can automate your response by calling

999-999-9999, 8:00A.M. to 4:30 P.M.

E.S.T.

If you answered "YES" to the above question, please complete the following policy information.

2)	Insurance Company Name:	Telephone Number		
3)	Insurance Company Address:	City	State	Zip
4)	Group Name/Number	Policy Number	Policy Start Date	
5)	Policy End Date	Carrier Code	Coverage Code	
6)	Policyholder Name	Policyholder SSN		
7)	Type of Policy/Covered Services (Check all that are applicable)			
	<input type="checkbox"/> Doctors Services	<input type="checkbox"/> Medicare Supplement		
	<input type="checkbox"/> Hospitals	<input type="checkbox"/> Specialized Coverage		
	<input type="checkbox"/> Dental	<input type="checkbox"/> Other		
	<input type="checkbox"/> Vision			
	<input type="checkbox"/> Drugs (Name of Drug Carrier) _____			

THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I understand according to KRS 205.624 my rights to third party payment are assigned to the Cabinet for Health and Family Services for the amount that the Department for Medicaid Services pays on my behalf.

SIGNATURE _____

DATE _____

2.9.49.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Address	The first line of the members street address	30	Char	T_RE_BASE	ADR_STREET_1
City	The city where the member resides	18	Char	T_RE_BASE	ADR_CITY
Clerk ID	The user that generated the letter	8	Char	NA	NA
Date	The date the letter was generated	8	Date (MM/DD/CCYY)	N/A	N/A
First name	The members first name	15	Char	T_RE_BASE	NAM_FIRST
Last name	The members last name	20	Char	T_RE_BASE	NAM_LAST
Member ID	The member's Medicaid ID	12	Char	T_RE_BASE	ID_MEDICAID

Field	Description	Length	Data Type	DB Table	DB Attributes
Orig Date Sent	The original date the letter was sent	8	Date (MM/DD/CCYY)	N/A	N/A
State	The state where the member resides	2	Char	T_RE_BASE	ADR_STATE
Zip	The five character zip code for the member	5	Char	T_RE_BASE	ADR_ZIP_CODE

2.9.49.4 Associated Programs

Program	Description
No associated Programs found.	

2.9.49.5 Associated Requirements

ID
30.090.004.003.3

2.9.49.6 Change Orders

ID	Name	Description
3112	Member Letter Followup	Create Member Verification Followup Letter to customer specifications
3115	Member Verification FLUP Batch	Create Member Verification follow-up batch process to customer specification.
3166	REL2-T_TPL_LTR_RESP_XREF	Produce a daily process which inserts a row into T_TPL_LTR_RESP_XREF when a letter was requested by inserting a row into T_LG_LETTER_REQUEST.
4456	REL2 - Multi Recip Addr Letters	Update letters to use the t_re_multi_address table if multiple locations exist for the member.

2.9.50 TPL-9530-R -- Case Accident Trauma Request for Additional Information Letter

This form is used by TPL staff when additional information is needed regarding an accident. A copy of this form is retained in the manual case file.

2.9.50.1 Technical Name

TPL-9530-R

2.9.50.2 Case Accident Trauma Request for Additional Information Letter Layout

Fiscal Agent for KyHealth Choices P. O. Box 2107 Frankfort, KY 40602 ATTN: TPL Unit 1-800-807-1459 1-502-209-3000	(MEMBER LAST NAME), (MEMBER FIRST NAME) (ADDRESS 1) (ADDRESS 2) (CITY), (STATE) (ZIP)
--	--

Medicaid Number: __ (MEDICAID ID) __

The Kentucky Department for Medicaid Services may have paid medical bills on your behalf which were incurred from your injury and/or illness. We are in need of the following information:

____ Name and address of Insurance Carrier:

____ Claim/Policy number:

____ Specify date and injuries sustained in accident:

____ Have you hired an Attorney? If yes, give complete name and address:

____ Have you received a settlement? If so, what was the amount:

____ Other _____

If you have any questions, please contact the Third Party Liability Unit.

2.9.50.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Address 1	The first line of the member's street address	30	Char	T_RE_BASE	ADR_STREET_1
Address 2	The second line of the member's street address	30	Char	T_RE_BASE	ADR_STREET_2
City	The city where the member resides.	18	Char	T_RE_BASE	ADR_CITY
Medicaid ID	The Medicaid ID number.	12	Char	T_RE_BASE	ID_MEDICAID
Member First Name	The member's first name.	15	Char	T_RE_BASE	NAM_FIRST

Field	Description	Length	Data Type	DB Table	DB Attributes
Member Last Name	The member's last name.	20	Char	T_RE_BASE	NAM_LAST
State	The state where the member resides.	2	Char	T_RE_BASE	ADR_STATE
Zip	The five character zip code for the member.	5	Char	T_RE_BASE	ADR_ZIP_CODE

2.9.50.4 Associated Programs

Program	Description
No associated Programs found.	

2.9.50.5 Associated Requirements

ID
30.090.004.003.3

2.9.50.6 Change Orders

ID	Name	Description
1666	Case Accident Trauma Rquest Lter	Create Accident Trauma Request for Additional Information Letter.
4456	REL2 - Multi Recip Addr Letters	Update letters to use the t_re_multi_address table if multiple locations exist for the member.

2.9.51 TPL-9535-R -- Case Accident Trauma Request for Additional Info Letter 2nd Request

This form is used by TPL staff when additional information is needed regarding an accident. A copy of this form is retained in the manual case file. This is the SECOND REQUEST.

2.9.51.1 Technical Name

TPL-9535-R

2.9.51.2 Case Accident Trauma Request for Additional Info Letter 2nd Request Layout

Fiscal Agent for KyHealth Choices P. O. Box 2107 Frankfort, KY 40602 ATTN: TPL Unit 1-800-807-1459 1-502-209-3000	SECOND REQUEST	(MEMBER LAST NAME), (MEMBER FIRST NAME) (ADDRESS 1) (ADDRESS 2) (CITY), (STATE) (ZIP)
--	----------------	--

Medicaid Number: ____ (MEDICAID ID) ____

The Kentucky Department for Medicaid Services may have paid medical bills on your behalf which were incurred from your injury and/or illness. We are in need of the following information:

____ Name and address of Insurance Carrier:

____ Claim/Policy number:

____ Specify date and injuries sustained in accident:

____ Have you hired an Attorney? If yes, give complete name and address:

____ Have you received a settlement? If so, what was the amount:

____ Other _____

If you have any questions, please contact the Third Party Liability Unit.

2.9.51.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Address 1	The first line of the member's street address.	30	Char	T_RE_BAS E	ADR_STREET _1
Address 2	The second line of the member's street address.	30	Char	T_RE_BAS E	ADR_STREET _2
City	The city where the member resides.	18	Char	T_RE_BAS E	ADR_CITY
Medicaid ID	The Medicaid ID number.	12	Char	T_RE_BAS E	ID_MEDICAID
Member First Name	The member's first name.	15	Char	T_RE_BAS E	NAM_FIRST

Field	Description	Length	Data Type	DB Table	DB Attributes
Member Last Name	The member's last name.	20	Char	T_RE_BAS E	NAM_LAST
State	The state where the member resides	2	Char	T_RE_BAS E	ADR_STATE
Zip	The five character zip code for the member.	5	Char	T_RE_BAS E	ADR_ZIP_CO DE

2.9.51.4 Associated Programs

Program	Description
No associated Programs found.	

2.9.51.5 Associated Requirements

ID
30.090.004.003.3

2.9.51.6 Change Orders

ID	Name	Description
2170	Case Acc Trauma More Info 2	Create Second Request Accident Trauma Letter for Additional Information.
3352	REL2-Acc/Trauma Add. Follow Up	Create Accident Trauma Request for Additional Information follow-up batch process to customer specification.
4456	REL2 - Multi Recip Addr Letters	Update letters to use the t_re_multi_address table if multiple locations exist for the member.

2.9.52 TPL-9540-R -- Manual Check Refund Letter

This letter is requested when an entity sends too much money. The letter accompanies the refund check.

2.9.52.1 Technical Name

TPL-9540-R

2.9.52.2 Manual Check Refund Letter Layout

Third Party Liability Unit	
P.O. Box 2107	
Frankfort, KY 40602-2107	
9-999-999-9999	
9-999-999-9999	
(INSURANCE COMPANY NAME)	
(ADDRESS)	
(CITY), (STATE) (ZIP)	
Date: (DATE)	
Clerk: (CLERK)	
Payee Name: (PAYEE NAME)	Carrier ID: (CARRIED ID)
Member Name: (MEMBER NAME)	Member ID: (MEMBER ID)
Policyholder Name: (POLICYHOLDER NAME)	Policy #: (POLICY NUMBER)
Date Received: (DATE RECEIVED)	CCN: (CCN) Check #: (CHECK NUMBER)
Enclosed, please find a check issued to you in the amount of \$ (CHECK AMOUNT) . This payment represents the following:	
<input type="checkbox"/> Person not identified as a Medicaid member.	
<input type="checkbox"/> 25% Attorney fee.	
<input type="checkbox"/> Other: _____	

2.9.52.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Address	The street address of the insurance company.	20	Char	T_INS_AGENT	ADR_STREET_1 + ADR_STREET_2
CCN	The cash control number.	11	Char	T_CASH_RECEIPT	CASH_CTL_NO
Carrier ID	The carrier's ID number.	7	Char	T_TPL_CARRIER	CDE_CARRIER
Check Amount	The refund amount of the check enclosed	9	Decimal	T_CHECK	TOTAL_AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
Check Number	The number for the check enclosed.	9	Char	T_CHECK	NUM_CHECK
City	The city where the insurance company resides.	18	Char	T_INS_AGENT	ADR_CITY
Clerk	Logon user id.	8	Char	T_ANALYST	ID_CLERK
Date	Date that the letter is generated	8	Date (MM/DD/CC YY)	T_LTR_RQST_TEMPLAT	DTE_GENERATE
Date Received	Date received.	8	Date (MM/DD/CC YY)	T_TPL_LTR_RQST	DTE_RETURNED
Insurance Company Name	The name of the insurance company.	20	Char	T_INS_AGENT	NAM_COMPANY
Member ID	The member's ID number.	12	Char	T_RE_BASE	ID_MEDICAID
Member Name	The name of the member	30	Char	T_RE_BASE	NAM_LAST+NAM_FIRST+NAM_MID_INIT
Payee Name	Name of the payee.	30	Char	N/A	CALCULATED
Policy Number	The policy number	16	Char	T_TPL_RESOURCE	NUM_TPL_POLICY
Policyholder Name	Name of the policyholder	30	Char	T_POLICYHOLDER	NAM_LAST+NAM_FIRST+NAM_MID_INIT
State	The state where the insurance company resides.	2	Char	T_INS_AGENT	ADR_STATE
Zip	The five character zip code for the insurance company.	5	Char	T_INS_AGENT	ADR_ZIP_CODE

2.9.52.4 Associated Programs

Program	Description
No associated Programs found.	

2.9.52.5 Associated Requirements

ID
30.090.004.003.3

2.9.52.6 Change Orders

ID	Name	Description
1667	Case Manual Check Refund letter	Create Manual Check Refund letter
3685	Manual Check Refund letter	Need a batch process to create the manual check refund letter.

2.9.53 TPL-9550-R -- Case Tracking Single Member Affidavit

Use this affidavit attests that the fiscal agent's records of Medicaid payments are authentic representations of the claims paid by the KyHealth Choices Program. These records reflect the total amount paid for medical expenses on behalf of a KyHealth Choices member.

2.9.53.1 Technical Name

TPL-9550-R

2.9.53.2 Case Tracking Single Member Affidavit Layout

AFFIDAVIT

EDS is the contracted agent for the Commonwealth of Kentucky, Cabinet for Health Services, Department for Medicaid Services, the state agency responsible for administering the state's Medicaid Program. EDS is the contracted fiscal agent acting on behalf of the Department for Medicaid Services to process and pay Medicaid claims in accordance with Medicaid policy.

This Affidavit is to attest that the fiscal agent's records of Medicaid payments are authentic representations of Kentucky's Medicaid Program claims paid and that as of (DATE), these records reflect that a total of (TOTAL) was paid by Kentucky's Medicaid Program for medical expenses on behalf of (MEMBER NAME), Medical Assistance identification Number (MEMBER ID).

EDS RECORDS KEEPER
EDS
FISCAL AGENT FOR
DEPARTMENT FOR MEDICAID SERVICES

Subscribed and sworn to before me this _____ day of _____, 200_____.

Notary Public, Kentucky, State-at-Large

My Commission Expires: _____

2.9.53.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Date	Date that the letter is generated	8	Date (MM/DD/CCYY)	T_LTR_RQST_TEMPLAT	DTE_GENERATE
Member ID	The member's Medicaid ID	12	Char	T_RE_BASE	ID_MEDICAID
Member Name	Member's last and first name, and middle initial	29	Char	T_RE_BASE	NAM_LAST+NAM_FIRST+NAM_MID_INIT
Total	Total paid by KMAP for this member	8	Decimal	N/A	CALCULATED

2.9.53.4 Associated Programs

Program	Description
No associated Programs found.	

2.9.53.5 Associated Requirements

ID
30.090.004.003.3

2.9.53.6 Change Orders

ID	Name	Description
1668	CaseTrackingSingleMemAff	Create case tracking single member affidavit letter.

2.9.54 TPL-9551-R -- Case Tracking Birthing Affidavit

Use this affidavit to attest to the total amounts paid for prenatal care and birthing expenses by Medicaid on behalf of the member listed.

2.9.54.1 Technical Name

TPL-9551-R

2.9.54.2 Case Tracking Birthing Affidavit Layout**AFFIDAVIT (County)**

The Commonwealth of Kentucky, Cabinet for Health and Family Services, Department for Medicaid Services, is the state agency responsible for administering the state's Medicaid Program. The Department for Medicaid Services is responsible to process and pay Medicaid claims in accordance with Medicaid policy.

This Affidavit is to attest that the following are total amounts paid for prenatal care and birthing expenses by Medicaid on behalf of the below listed member as of (DATE)

Name: (MEMBER NAME)	ID Number: (MEMBER ID)	Amount: (AMOUNT) For Date of Birth: (DOB)
		Amount: (AMOUNT) For Date of Birth: (DOB)
		Amount: (AMOUNT) For Date of Birth: (DOB)
		Amount: (AMOUNT) For Date of Birth: (DOB)
		Amount: (AMOUNT) For Date of Birth: (DOB)
		Amount: (AMOUNT) For Date of Birth: (DOB)
		Amount: (AMOUNT) For Date of Birth: (DOB)
		Amount: (AMOUNT) For Date of Birth: (DOB)
		Amount: (AMOUNT) For Date of Birth: (DOB)
		Amount: (AMOUNT) For Date of Birth: (DOB)
		Amount: (AMOUNT) For Date of Birth: (DOB)
		Amount: (AMOUNT) For Date of Birth: (DOB)

REPRESENTATIVE, DEPARTMENT FOR MEDICAID SERVICES

Subscribed and sworn to before me this _____ day of _____, 200__.

Notary Public, Kentucky, State-at-Large

My Commission Expires: _____

2.9.54.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Amount	Amount paid	8	Decimal	N/A	CALCULATED
County	The county for this state's Medicaid program.	12	Char	T_COUNTY	DSC_COUNTY
DOB	Date of birth	8	Date (MM/DD/CCYY)	T_RE_BASE	DTE_BIRTH
Date	Date that this letter is generated	8	Date (MM/DD/CCYY)	T_LTR_RQST_TEMPLAT	DTE_GENERATE
Member ID	Member's Medicaid ID	12	Char	T_RE_BASE	ID_MEDICAID
Member Name	Member's last and first name, and middle initial	29	Char	T_RE_BASE	NAM_LAST + NAM_FIRST + NAM_MID_I

2.9.54.4 Associated Programs

Program	Description
No associated Programs found.	

2.9.54.5 Associated Requirements

ID
30.090.004.003.3

2.9.54.6 Change Orders

ID	Name	Description
1669	CaseTrackingBirthingAff	Create case tracking birthing affidavit letter.

2.9.55 TPL-9552-R -- Case Tracking Multiple Members Affidavit

Use this affidavit to attest that the fiscal agent's records of Medicaid payments are authentic representations of KyHealth Choices Program claims paid. These records reflect the total paid by the KyHealth Choices Program for medical expenses on behalf of the members.

NOTE: This letter is produced manually and not through the Letter Generator.

2.9.55.1 Technical Name

TPL-9552-R

2.9.55.2 Case Tracking Multiple Members Affidavit Layout

AFFIDAVIT

EDS is the contracted fiscal agent for the Commonwealth of Kentucky, Cabinet for Health and Family Services, Department for Medicaid Services, the state agency responsible for administering the state's Medicaid Program. EDS is the contracted fiscal agent acting on behalf of the Department for Medicaid Services to process and pay Medicaid claims in accordance with Medicaid policy. This Affidavit is to attest that the fiscal agent's records of Medicaid payments are authentic representations of Kentucky's Medicaid Program claims paid and that as of (DATE), these records reflect that a total paid by Kentucky's Medicaid Program for medical expenses on behalf of the below listed members:

Name: (MEMBER NAME)	Identification Number: (MEMBER ID)	Amount: (AMOUNT)
Name: (MEMBER NAME)	Identification Number: (MEMBER ID)	Amount: (AMOUNT)
Name: (MEMBER NAME)	Identification Number: (MEMBER ID)	Amount: (AMOUNT)
Name: (MEMBER NAME)	Identification Number: (MEMBER ID)	Amount: (AMOUNT)
Name: (MEMBER NAME)	Identification Number: (MEMBER ID)	Amount: (AMOUNT)
Name: (MEMBER NAME)	Identification Number: (MEMBER ID)	Amount: (AMOUNT)
Name: (MEMBER NAME)	Identification Number: (MEMBER ID)	Amount: (AMOUNT)
Name: (MEMBER NAME)	Identification Number: (MEMBER ID)	Amount: (AMOUNT)

EDS RECORDS KEEPER
EDS
FISCAL AGENT FOR
DEPARTMENT FOR MEDICAID SERVICES

Subscribed and sworn to before me on this _____ day of _____, 200__.

Notary Public, Kentucky, State-at-Large

My Commission Expires: _____

2.9.55.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Amount	The amount paid	8	Decimal	N/A	CALCULATED
Date	The date that this letter is generated	8	Date (MM/DD/CCYY)	T_LTR_RQST_TEMPLAT	DTE_GENERATE
Member ID	The member's Medicaid ID	12	Char	T_RE_BASE	ID_MEDICAID
Member name	The member's last and first name, and middle initial	29	Char	T_RE_BASE	NAM_LAST+NAM_FIRST+NAM_MID_INIT

2.9.55.4 Associated Programs

Program	Description
No associated Programs found.	

2.9.55.5 Associated Requirements

ID
30.090.004.003.3

2.9.55.6 Change Orders

ID	Name	Description
3477	REL2-Letter Generator	Due to moving to the 2.0 .net framework, letters need to be updated to work correctly.

2.9.56 TPL-9560-R -- Member Claim Form Request Letter

This form is used by TPL staff when the carrier requires a completed claim form from the member. Upon receipt, this form along with the completed claim form is forwarded to the carrier.

2.9.56.1 Technical Name

TPL-9560-R

2.9.56.2 Member Claim Form Request Letter Layout

EDS – Fiscal Agent for KyHealth Choices	(Date)
P.O. Box 2107	
Frankfort, KY 40602	(Member Name)
ATTN: TPL Unit	(Address1)
800-807-1459	(Address2)
502-209-3000	(City), (State) (Zip) – (Zip+4)

Medicaid Number: (Member ID)

EDS is currently handling all Medicaid claims processing for the Kentucky Department for Medicaid Services. In accordance with State and Federal regulations, the Medicaid Program is payer of last resort. The Commonwealth of Kentucky through Medicaid has assignment rights for the total amount it has made on your behalf, and we have billed your insurance company so that Medicaid can be reimbursed.

We have been notified by your insurance carrier that they require a completed claim form from you. After you complete and return the enclosed form, your insurance carrier will reimburse Medicaid for the medical bills paid on your behalf.

Your cooperation in completing and returning the claim form will be appreciated. Please return the claim form to EDS in the enclosed postage paid envelope within 10 days.

If you have any questions, please contact the Third Party Liability Unit.

2.9.56.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Address1	First line of member's street address	30	Character	T_RE_BASE	ADR_STREET1
Address2	Second line of member's street address	30	Character	T_RE_BASE	ADR_STREET2
City	City where member resides	18	Character	T_RE_BASE	ADR_CITY
Date	The date the letter was generated	0	Date (MM/DD/CCYY)	CALCULATED	N/A
Member ID	Member's Medicaid ID	12	Character	T_RE_BASE	ID_MEDICAID
Member Name	Name of the member	30	Character	T_RE_BASE	CONCATENATED
State	State where member resides	2	Character	T_RE_BASE	ADR_STATE
Zip	Member's zip code	5	Character	T_RE_BASE	ADR_ZIP_CODE

Field	Description	Length	Data Type	DB Table	DB Attributes
Zip+4	Member's Zip +4 code	4	Character	T_RE_BASE	ADR_ZIP_CODE_ 4

2.9.56.4 Associated Programs

Program	Description
No associated Programs found.	

2.9.56.5 Associated Requirements

ID
30.090.004.003.3

2.9.56.6 Change Orders

ID	Name	Description
1819	Billing Claim Form Letter	Create the Claim Form Letter
4456	REL2 - Multi Recip Addr Letters	Update letters to use the t_re_multi_address table if multiple locations exist for the member.

2.9.57 TPL-9570-R -- Policy Release Form

This form is used by TPL staff when the carrier requires the member's permission to release information. This form is mailed to the member and upon receipt, it is forwarded to the appropriate carrier.

2.9.57.1 Technical Name

TPL-9570-R

2.9.57.2 Policy Release Form Layout

EDS– Fiscal Agent for KyHealth Choices (MEMBER NAME)
 P. O. Box 9999 (ADDRESS)
 Frankfort, KY 40602 (CITY), (STATE) (ZIP) – (ZIP+4)
 ATTN: TPL Unit
 999-999-9999
 999-999-9999

EDS is in the process of collecting insurance information from your health insurance carrier. However, we have been informed by your carrier that we must obtain your approval for release of this information. Please complete and sign the release form below and return to the above address:

I, _____ give my approval for release of policy information.

 Signature

 Date

2.9.57.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Address	Member's street address	30	Char	T_RE_BASE	ADR_STREET1
City	City where member resides	15	Char	T_RE_BASE	ADR_CITY
Member Name	Name of the member	30	Char	T_RE_BASE	CONCATENATION
State	State where member resides	2	Char	T_RE_BASE	ADR_STATE
Zip	Member's zip code	5	Char	T_RE_BASE	ADR_ZIP_CODE
Zip+4	Member's Zip +4 code	4	Char	T_RE_BASE	ADR_ZIP_CODE_4

2.9.57.4 Associated Programs

Program	Description
No associated Programs found.	

2.9.57.5 Associated Requirements

ID
30.090.004.003.3

2.9.57.6 Change Orders

ID	Name	Description
1820	Policy Release Form	Create the Release Form to be sent to the member.
4456	REL2 - Multi Recip Addr Letters	Update letters to use the t_re_multi_address table if multiple locations exist for the member.

2.10 Internal and External Interfaces

The Third Party Liability Functional Area Input and Output files folder contains a list of all Third Party Liability subsystem external input and output files, as well as who sends or receives the file and the frequency with which it is transacted. It also contains a link to the file layouts for each of the external files in this subsystem.

2.10.1 Entities

DCSE	Division of Child Support Enforcement
DEERS	Defense Eligibility and Enrollment Reporting System
DMS	Department for Medicaid Services
DCBS	Department for Community Based Services
First Health PBA	First Health - Pharmacy Benefit Agent
KAMES	Kentucky Automated Management & Eligibility System
Passport	Passport Managed Care Organization
HMS	Health Management Systems (formerly PCG)
SSA	Social Security Administration (updates passed through KAMES)
Worker's Comp	Department of Workers' Claims in the Commonwealth Labor Cabinet (obsolete)

2.10.2 Input Files

Interface ID	File Name	Entity	Frequency
558	Absent Parent Information	DCSE	Monthly
Obsolete	Member Info from DEERS	DEERS	Annual
686	KAMES Estate Recovery	KAMES	Weekly
332	KAMES Resource Info	KAMES	Weekly
543	TPL Resource Information	Passport	Monthly
551	TPL Resource Information	PCG	On Request
338	SSA-8019-U2	SSA	Weekly
Obsolete	Worker's Comp Info	Worker's Comp	On Request

Interface ID	File Name	Entity	Frequency
567	TPL Billing File	HMS	On Request

2.10.3 Output Files

Interface ID	File Name	Entity	Frequency	Subsystem
552	TPL Carrier File	Passport	Quarterly	
424	TPL Carrier File	PBA	Daily	
	Adds/Changes Response File	PCG	Request	
550	Public Assistance File from KAMES	PCG	Monthly	
551	TPL Resource File	PCG	Monthly	
552	TPL Carrier File	PCG	Monthly	
567	TPL Billing File	PCG	Monthly	
558	Absent Parent Information	PCG	Monthly	
Obsolete	Worker's Comp Info	Worker's Comp	Quarterly	
617	TPL Resource File	DCSE	Monthly	
690	TPL Resource Information	DCBS	Monthly	
691	TPL Member End Dated Segments	DCBS	Monthly	
549	TPL Resource File	Passport	Monthly	
484	Casualty Recovery	DMS	Monthly	
482	Estate Recovery	DMS	Monthly	
Obsolete	Trust Recovery	DMS	Monthly	

2.10.4 Input-Output Files

File Name	Entity	Frequency	Subsystem

2.10.5 File Layouts

- Input - Absent Parent Information from DCSE
- Input - Billing File from HMS
- Input - KAMES Estate Recovery
- Input - KAMES Resource Info
- Input - Member Info from DEERS
- Input - SSA-8019-U2
- Input - TPL Resource Info from PCG
- Input - Worker's Comp Info from Worker's Comp
- Output - Absent Parent Info to PCG
- Output - Casualty Recovery to DMS
- Output - Estate Recovery to DMS
- Output - Trust Recovery to DMS
- Output - Worker's Comp Info to Worker's Comp
- Output- Adds-Changes Response File to PCG
- Output- Public Assistance File from KAMES to PCG)
- Output- TPL Billing File to PCG
- Output- TPL Carrier File sent to First Health PBA
- Output- TPL Carrier File sent to Passport
- Output- TPL Carrier File to PCG
- Output- TPL Member End Dated Segments to DCBS
- Output- TPL Resource File to DCSE
- Output- TPL Resource File to Passport
- Output- TPL Resource File to PCG
- Output- TPL Resource Information to DCBS

2.10.6 Input - Absent Parent Info from DCSE Record Layout

Field name	Type	Start	End	Length
Original Recipient Identification	Alphanumeric	1	9	9
Recipient Last Name	Alphanumeric	10	14	5
Recipient First Name	Alphanumeric	15	16	2
Recipient Date of Birth	Date (CCYYMMDD)	17	24	8
Absent Parent Social Security Number	Numeric	25	33	9
Absent Parent Last Name	Alphanumeric	34	48	15
Absent Parent First Name	Alphanumeric	49	57	9
Absent Parent Date of Birth	Date (CCYYMMDD)	58	65	8
Absent Parent Street 1	Alphanumeric	66	90	25
Absent Parent Street 2	Alphanumeric	91	115	25
Absent Parent City	Alphanumeric	116	137	22
Absent Parent State	Alphanumeric	138	139	2
Absent parent Zip	Alphanumeric	140	144	5
Abseent Parent Zip Plus 4	Alphanumeric	145	148	4
Employer Name	Alphanumeric	149	181	33
Employer Street 1	Alphanumeric	182	212	31
Employer Street 2	Alphanumeric	213	243	31
Employer City	Alphanumeric	244	259	16
Employer State	Alphanumeric	260	261	2
Empoyer Zip	Alphanumeric	262	266	5

Field name	Type	Start	End	Length
Employer Zip Plus 4	Alphanumeric	267	270	4
Employer Work Status	Alphanumeric	271	274	4
Employer Last Change Date	Date (CCYYMMDD)	275	282	8

2.10.7 Input- Billing File from HMS Record Layout

Field name	Type	Start	End	Length
Bill Type	Alphanumeric	1	2	2
Original Recipient Identification	Numeric	3	11	9
Recipient Check Digit	Numeric	12	12	1
Recipient Last Name	Alphanumeric	13	22	10
Recipient First Name	Alphanumeric	23	31	9
Transaction Control Number	Numeric	32	48	17
Provider Number	Alphanumeric	49	58	10
First Date of Service	Date (CCYYMMDD)	59	66	8
Last Date of Service	Date (CCYYMMDD)	67	74	8
Bill Amount	Numeric (2 dec plcs)	75	83	9
Carrier Identification	Alphanumeric	84	90	7
Policy Number	Alphanumeric	91	105	15
Policy Holder last Name	Alphanumeric	106	120	15
Policy Holder First Name	Alphanumeric	121	129	9
Policy Holder Middle Initial	Alphanumeric	130	130	1
Transaction Julian Date Century	Alphanumeric	131	132	2

Field name	Type	Start	End	Length
Transaction Julian Date	Alphanumeric	133	137	5
HMS AR Sequence Number	Numeric	138	144	7
HMS AR Sequence Check	Numeric	145	145	1
Carrier Identification	Alphanumeric	146	152	7
Record Code	Alphanumeric	153	153	1
Filler	Alphanumeric	154	157	4

2.10.8 Input - KAMES Estate Recovery Record Layout

Description	Type	Start	End	Length
KAMES Case Number	Alphanumeric	1	10	10
KAMES Sequence Number	Alphanumeric	11	12	2
KAMES Case County Code	Alphanumeric	13	15	3
KAMES Case Mail Street 1	Alphanumeric	16	40	25
KAMES Case Mail Street 2	Alphanumeric	41	65	25
KAMES Case Mail City	Alphanumeric	66	87	22
KAMES Case Mail State	Alphanumeric	88	89	2
KAMES Case Mail Zip	Numeric	90	94	5
KAMES Case mail Zip Plus 4	Numeric	95	98	4
KAMES Member Social Security Number	Numeric	99	107	9
KAMES Member last name	Alphanumeric	108	122	15
KAMES Member First Name	Alphanumeric	123	131	9
KAMES Member Middle Initial	Alphanumeric	132	132	1

Description	Type	Start	End	Length
KAMES Member DOD Date	Date (CCYYMMDD)	133	140	8
KAMES Own Homestead Indicator	Alphanumeric	141	141	1
KAMES Will Indicator	Alphanumeric	142	142	1
KAMES Resources Indicator	Alphanumeric	143	143	1
KAMES Bury Trust Indicator	Alphanumeric	144	144	1
KAMES Prepaid Bury Indicator	Alphanumeric	145	145	1
KAMES Money Aside Bury Indicator	Alphanumeric	146	146	1
KAMES Lifetime Care Indicator	Alphanumeric	147	147	1
KAMES Accident Settle Indicator	Alphanumeric	148	148	1
KAMES Insurance Policy Account Number	Alphanumeric	149	178	30
KAMES Sold Property Indicator	Alphanumeric	179	179	1
KAMES QIT Indicator	Alphanumeric	180	180	1
KAMES Authorized Representative Indicator	Alphanumeric	181	181	1
KAMES Administration Phone Area Code	Numeric	182	184	3
KAMES Administrator Phone Exchange	Numeric	185	187	3
KAMES Administrator Phone Number	Numeric	188	191	4
KAMES Administrator Name	Alphanumeric	192	216	25
KAMES Administrator Street 1	Alphanumeric	217	241	25
KAMES Administrator Street 2	Alphanumeric	242	266	25

Description	Type	Start	End	Length
KAMES Administrator City	Alphanumeric	267	288	22
KAMES Administrator State	Alphanumeric	289	290	2
KAMES Administrator Zip	Numeric	291	295	5
KAMES Administrator Zip Plus 4	Numeric	296	299	4
KAMES Update Year	Numeric	300	301	2
KAMES Update Year	Numeric	302	303	2
KAMES Update Month	Numeric	304	305	2
KAMES Update Day	Numeric	306	307	2
KAMES Representative Phone	Numeric	308	317	10
KAMES Representative Name Last	Numeric	318	332	15
KAMES Representative Name First	Numeric	333	341	9
KAMES Representative Name MI	Numeric	342	342	1
KAMES Representative Street 1	Numeric	343	367	25
KAMES Representative Street 2	Numeric	368	392	25
KAMES Representative City	Numeric	393	414	22
KAMES Representative State	Numeric	415	416	2
KAMES Representative Zip	Numeric	417	421	5
KAMES Representative Zip 4	Numeric	422	425	4
Filler	Numeric	426	451	25

2.10.9 Input - KAMES Record Layout

Description	Type	Start	End	Length
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Description	Type	Start	End	Length
Original Recipient Identification	Alphanumeric	1	9	9
Recipient Check Digit	Alphanumeric	10	10	1
Recipient Last Name	Alphanumeric	11	25	15
Recipient First Name	Alphanumeric	26	34	9
Recipient Middle Initial	Alphanumeric	35	35	1
Policy Number	Alphanumeric	36	49	14
TPL Group Number Name	Alphanumeric	50	60	11
Provider Number	Alphanumeric	61	80	20
TPL Relationship	Alphanumeric	81	81	1
Provider Street 1	Alphanumeric	82	106	25
Provider Street 2	Alphanumeric	107	131	25
Provider City	Alphanumeric	132	153	22
Provider State	Alphanumeric	154	155	2
Provider Zip	Alphanumeric	156	160	5
Provider Zip Plus 4	Alphanumeric	161	164	4
Coverage Code	Alphanumeric	165	166	2
Coverage Start Date	Date (CCYYMMDD)	167	174	8
Coverage End Date	Date (CCYYMMDD)	175	182	8
Hospital Coverage Code	Alphanumeric	183	183	1
Medical Coverage Code	Alphanumeric	184	184	1
Dental Coverage Code	Alphanumeric	185	185	1
Vision Coverage Code	Alphanumeric	186	186	1

Description	Type	Start	End	Length
Drug Coverage Code	Alphanumeric	187	187	1
Cancer Coverage Code	Alphanumeric	188	188	1
Medicare Supplement Coverage Code	Alphanumeric	189	189	1
Nursing Home Coverage Code	Alphanumeric	190	190	1
Veteran Benefit Coverage Code	Alphanumeric	191	191	1
Other Coverage Code	Alphanumeric	192	192	1
Unknown Coverage Code	Alphanumeric	193	193	1
Other Coverage Text	Alphanumeric	194	208	15
Information Indicator	Alphanumeric	209	209	1
Date Transaction	Date (CCYYMM)	210	215	6
Policy Holder Last Name	Alphanumeric	216	230	15
Policy First Name	Alphanumeric	231	239	9
Policy Middle Initial	Alphanumeric	240	240	1
TPL Street Address 1 Text	Alphanumeric	241	265	25
TPL Street Address 2 Text	Alphanumeric	266	290	25
TPL City Text	Alphanumeric	291	312	22
TPL State Code	Alphanumeric	313	314	2
TPL Zip Code	Alphanumeric	315	319	5
TPL Zip Plus 4	Alphanumeric	320	323	4
DCSE MSE Reference Flag	Alphanumeric	324	324	1
ABS Print Name	Alphanumeric	325	349	25

Description	Type	Start	End	Length
ABS Print Social Security Number	Alphanumeric	350	358	9
Status Code	Alphanumeric	359	359	1
Filler 3	Alphanumeric	360	360	1

2.10.10 Input - DEERS Member Info from DEERS Record Layout

Field Name	Type	Start	End	Length
Record Type	Alphanumeric	1	1	1
State Code	Alphanumeric	2	3	2
State Unique Identification Number	Alphanumeric	4	18	15
Original Recipient Identification	Alphanumeric	19	27	9
Sequence Number	Alphanumeric	28	28	1
Recipient Name	Alphanumeric	29	55	27
Recipient Date of Birth	Date (CCYYMMDD)	56	63	8
Policy Holder Street 1	Alphanumeric	64	90	27
Policy Holder Street 2	Alphanumeric	91	110	20
Policy Holder City	Alphanumeric	111	128	18
Policy Holder State	Alphanumeric	129	130	2
Policy Holder Zip	Alphanumeric	131	139	9
DEERS Match Code	Alphanumeric	140	140	1
Name Match Code	Alphanumeric	141	141	1
Date of Birth Match Code	Alphanumeric	142	142	1
Original Recipient Identification	Alphanumeric	143	151	9

Field Name	Type	Start	End	Length
Recipient Name	Alphanumeric	152	178	27
Recipient Date of Birth	Date (CCYYMMDD)	179	186	8
Absent Parent Status	Alphanumeric	187	187	1
Absent Parent BOS	Alphanumeric	188	188	1
Type of Eligibility	Alphanumeric	189	190	2
Total Number of Dependents	Alphanumeric	191	192	2
Policy Begin Date	Date (CCYYMMDD)	193	200	8
Policy End Date	Alphanumeric	201	208	8
Priv CHAMPUS	Alphanumeric	209	209	1
Direct Care	Alphanumeric	210	210	1
Eligibility Clarification Code	Alphanumeric	211	211	1
End of Eligibility Reason	Alphanumeric	212	212	1
Coverage Sex	Alphanumeric	213	213	1
Medicare Indicator	Alphanumeric	214	214	1
Recipient Name	Alphanumeric	215	241	27
Recipient Date of Birth	Alphanumeric	242	249	8
Original Recipient Identification	Alphanumeric	250	258	9
Policy Begin Date	Date (CCYYMMDD)	259	266	8
Policy Begin Date	Date (CCYYMMDD)	267	274	8
Privy CHAMPUS	Alphanumeric	275	275	1
Direct care	Alphanumeric	276	276	1
Eligibility Clarification Code	Alphanumeric	277	277	1

Field Name	Type	Start	End	Length
End of Eligibility Reason	Alphanumeric	278	278	1
Coverage Sex	Alphanumeric	279	279	1
Student Hand Indicator	Alphanumeric	280	280	1
TPL Relationship	Alphanumeric	281	281	1
DEERS Dependent Indicator	Alphanumeric	282	283	2
Medicare Indicator	Alphanumeric	284	284	1
Original Recipient Identification	Alphanumeric	285	293	9
Recipient Name	Alphanumeric	294	320	27

2.10.11 Input - SSA-8019-U2 Record Layout

Field Name	Type	Start	End	Length
State Code	Alphanumeric	1	2	2
FD Code	Alphanumeric	3	5	3
Recipient First Name	Alphanumeric	6	20	15
Recipient Middle Name	Alphanumeric	21	35	15
Recipient Last Name	Alphanumeric	36	55	20
Recipient Title	Alphanumeric	56	59	4
Recipient Date of Birth Month	Alphanumeric	60	61	2
Recipient Date of Birth Day	Alphanumeric	62	63	2
Recipient Date of Birth Year	Alphanumeric	64	67	4
Recipient Social Security Number	Alphanumeric	68	76	9
Recipient Street 1	Alphanumeric	77	111	35

Field Name	Type	Start	End	Length
Recipient Street 2	Alphanumeric	112	146	35
Recipient Street 3	Alphanumeric	147	181	35
Recipient Street 4	Alphanumeric	182	216	35
Recipient City	Alphanumeric	217	238	22
Recipient State	Alphanumeric	239	240	2
Recipient Zip	Alphanumeric	241	245	5
Recipient Zip Plus 4	Alphanumeric	246	249	4
Recipient Area Code	Alphanumeric	250	252	3
Recipient Telephone Number	Alphanumeric	253	259	7
P TPL Type Coverage	Alphanumeric	260	267	8
TPL Type Coverage 2	Alphanumeric	268	297	30
Policy Holder First Name	Alphanumeric	298	312	15
Policy Holder Middle Name	Alphanumeric	313	327	15
Policy Holder Last Name	Alphanumeric	328	347	20
Policy Holder Title	Alphanumeric	348	351	4
P TPL Relationship	Alphanumeric	352	352	1
P Other Relationship	Alphanumeric	353	382	30
P Policy Holder Social Security Number	Alphanumeric	383	391	9
Policy Holder Date of Birth Month	Alphanumeric	392	393	2
Policy Holder Date of Birth Day	Alphanumeric	394	395	2
Policy Holder Date of Birth Year	Alphanumeric	396	399	4

Field Name	Type	Start	End	Length
P Carrier name	Alphanumeric	400	439	40
P Carrier Street 1	Alphanumeric	440	474	35
P Carrier Street 2	Alphanumeric	475	509	35
P Carrier Street 3	Alphanumeric	510	544	35
P Carrier Street 4	Alphanumeric	545	579	35
P Carrier City	Alphanumeric	580	601	22
P Carrier State	Alphanumeric	602	603	2
P Carrier Zip	Alphanumeric	604	608	5
P Carrier Consolidation Code	Alphanumeric	609	611	3
P Carrier Foreign	Alphanumeric	612	633	22
P Carrier Postal Zone	Alphanumeric	634	648	15
P Policy Number	Alphanumeric	649	668	20
P Policy Begin Month	Alphanumeric	669	670	2
P Policy Begin Day	Alphanumeric	671	672	2
P Policy Begin Year	Alphanumeric	673	676	4
P Policy EndMonth	Alphanumeric	677	678	2
P Policy End Day	Alphanumeric	679	680	2
P Policy EndYear	Alphanumeric	681	684	4
P TPL Policy Number	Alphanumeric	685	724	40
S TPL Type Coverage	Alphanumeric	725	732	8
TPL Type Coverage 2	Alphanumeric	733	762	30
Policy Holder First Name	Alphanumeric	763	777	15

Field Name	Type	Start	End	Length
Policy Holder Middle Name	Alphanumeric	778	792	15
P Policy Holder Last Name	Alphanumeric	793	812	20
S Policy Holder Title	Alphanumeric	813	816	4
S TPL Relationship	Alphanumeric	817	817	1
S Other Relationship	Alphanumeric	818	847	30
Policy Holder Social Security Number	Alphanumeric	848	856	9
S Policy Date of Birth Month	Alphanumeric	857	858	2
S Policy Date of Birth Day	Alphanumeric	859	860	2
S Policy Date of Birth Year	Alphanumeric	861	864	4
S Carrier Name	Alphanumeric	865	904	40
S Carrier Street 1	Alphanumeric	905	939	35
S Carrier Street 2	Alphanumeric	940	974	35
S Carrier Street 3	Alphanumeric	975	1009	35
S Carrier Street 4	Alphanumeric	1010	1044	35
S Carrier City	Alphanumeric	1045	1066	22
S Carrier State	Alphanumeric	1067	1068	2
S Carrier Zip	Alphanumeric	1069	1073	5
S Carrier Consolidation Code	Alphanumeric	1074	1076	3
S Carrier Foreign	Alphanumeric	1077	1098	22
S Carrier Postal Zone	Alphanumeric	1099	1113	15
S Policy Number	Alphanumeric	1114	1133	20

Field Name	Type	Start	End	Length
S Policy Begin Month	Alphanumeric	1134	1135	2
S Policy Begin Day	Alphanumeric	1136	1137	2
S Policy Begin Year	Alphanumeric	1138	1141	4
S Policy Begin Month	Alphanumeric	1142	1143	2
S Policy Begin Day	Alphanumeric	1144	1145	2
S Policy Begin Year	Alphanumeric	1146	1149	4
S TPL Group Number	Alphanumeric	1150	1189	40
Claim Legal Action	Alphanumeric	1190	1190	1
Nature of Claim	Alphanumeric	1191	1191	1
Other Claim	Alphanumeric	1192	1221	30
Injured Date Month	Alphanumeric	1222	1223	2
Injured Date Day	Alphanumeric	1224	1225	2
Injured Date Year	Alphanumeric	1226	1229	4
Attorney Name	Alphanumeric	1230	1269	40
Attorney Street 1	Alphanumeric	1270	1304	35
Attorney Street 2	Alphanumeric	1305	1339	35
Attorney Street 3	Alphanumeric	1340	1374	35
Attorney Street 4	Alphanumeric	1375	1409	35
Attorney City	Alphanumeric	1410	1431	22
Attorney State	Alphanumeric	1432	1433	2
Attorney Zip	Alphanumeric	1434	1438	5
Attorney Consolidation Code	Alphanumeric	1439	1441	3

Field Name	Type	Start	End	Length
Attorney Foreign	Alphanumeric	1442	1463	22
Attorney Postal Zone	Alphanumeric	1464	1478	15
Legal Action Name	Alphanumeric	1479	1518	40
Legal Action Street 1	Alphanumeric	1519	1553	35
Legal Action Street 2	Alphanumeric	1554	1588	35
Legal Action Street 3	Alphanumeric	1589	1623	35
Legal Action Street 4	Alphanumeric	1624	1658	35
Legal Action City	Alphanumeric	1659	1680	22
Legal Action State	Alphanumeric	1681	1682	2
Legal Action Zip	Alphanumeric	1683	1687	5
Legal Action Consolidated Code	Alphanumeric	1688	1690	3
Legal Action Foreign	Alphanumeric	1691	1712	22
Legal Action Postal Code	Alphanumeric	1713	1727	15
Filler	Alphanumeric	1728	1800	73

2.10.12 Input - PCG TPL Info Record Layout

Field Name	Type	Start	End	Length
Original Recipient Identification	Alphanumeric	1	9	9
Recipient Last Name	Alphanumeric	10	34	25
Recipient First name	Alphanumeric	35	43	9
Recipient Middle Initial	Alphanumeric	44	44	1
Recipient Date of Birth	Date (CCYYMMDD)	45	52	8
TPL Relationship	Alphanumeric	53	53	1

Field Name	Type	Start	End	Length
TPL Type Coverage	Alphanumeric	54	55	2
Policy Begin Date	Alphanumeric	56	63	8
Policy End Date	Alphanumeric	64	71	8
Policy Number	Alphanumeric	72	85	14
Policy Holder Last Name	Alphanumeric	86	100	15
Policy Holder First Name	Alphanumeric	101	109	9
Policy Holder Middle Initial	Alphanumeric	110	110	1
Policy Holder Street 1	Alphanumeric	111	135	25
Policy Holder Street 2	Alphanumeric	136	160	25
Policy Holder City	Alphanumeric	161	182	22
Policy Holder State	Alphanumeric	183	184	2
Policy Holder Zip	Alphanumeric	185	193	9
TPL Group Number Name	Alphanumeric	194	204	11
Reject Reason	Alphanumeric	205	205	1
Carrier Identification	Alphanumeric	206	212	7
Implied Coverage	Alphanumeric	213	213	1
Record Code	Alphanumeric	214	214	1
Filler	Alphanumeric	215	215	1

2.10.13 Input - Worker's Comp Info from Worker's Comp Record Layout

Field Name	Type	Start	End	Length
Claim Control Number	Numeric	1	7	7
Recipient Name	Alphanumeric	8	38	30

Field Name	Type	Start	End	Length
Recipient Last name	Alphanumeric	39	54	15
Recipient First Name	Alphanumeric	55	70	15
Recipient Social Security Number	Numeric	71	80	9
Injury Date Century	Date (CC)	81	83	2
Injury Date Year	Date (YY)	84	86	2
Injury Date Month	Date (MM)	87	89	2
Injury Date Day	Date (DD)	90	92	2
Disposition Code	Alphanumeric	93	95	2
Disposition Date Century	Date (CC)	96	98	2
Disposition Date Year	Date (YY)	99	101	2
Disposition Date Month	Date (MM)	102	104	2
Disposition Date Day	Date (DD)	105	107	2
Employer Name	Alphanumeric	108	143	35
Employer Street 1	Alphanumeric	144	174	30
Employer Street 2	Alphanumeric	175	205	30
Employer City	Alphanumeric	206	236	30
Employer State	Alphanumeric	237	239	2
Employer Zip	Number	240	249	9

2.10.14 Output - Absent Parent Info to PCG Record Layout

Field Name	Type	Start	End	Length
Child Social Security Number	Number	1	9	9

Field Name	Type	Start	End	Length
Child Last name	Alphanumeric	10	14	5
Child First Name	Alphanumeric	15	16	2
Child Date of Birth Century	Date (CC)	17	18	2
Child Date of Birth Year	Date (YY)	19	20	2
Child Date of Birth Month	Date (MM)	21	22	2
Child Date of Birth Day	Date (DD)	23	24	2
Absent Parent Social Security Number	Number	25	33	9
Absent parent Last Name	Alphanumeric	34	48	15
Absent Parent First Name	Alphanumeric	49	57	9
Absent Parent Date of Birth Century	Date (CC)	58	59	2
Absent Parent Date of Birth Year	Date (YY)	60	61	2
Absent Parent Date of Birth Month	Date (MM)	62	63	2
Absent Parent Date of Birth Day	Date (DD)	64	65	2
Absent Parent Street 1	Alphanumeric	66	90	25
Absent Parent Street 2	Alphanumeric	91	115	25
Absent Parent City	Alphanumeric	116	137	22
Absent Parent State	Alphanumeric	138	139	2
Absent Parent Zip	Number	140	144	5
Absent Parent Zip 4	Number	145	148	4
Filler	Alphanumeric	149	170	22

2.10.15 Output - Casualty Recovery Record Layout**2.10.15.1 Header record sent with each file**

Field Name	Type	Start	End	Length
"MAID"	Alphanumeric	1	4	4
"", ,	Alphanumeric	5	5	1
"RECIP LNAME"	Alphanumeric	6	16	11
"", ,	Alphanumeric	17	17	1
"RECIP FNAME"	Alphanumeric	18	28	11
"", ,	Alphanumeric	29	29	1
"CCN"	Alphanumeric	30	32	3
"", ,	Alphanumeric	33	33	1
"DATE RECEIVED"	Alphanumeric	34	46	13
"", ,	Alphanumeric	47	47	1
"AMOUNT POSTED"	Alphanumeric	48	60	13
"", ,	Alphanumeric	61	61	1
"CONTINGENCY FEE"	Alphanumeric	62	76	15
"", ,	Alphanumeric	77	77	1
"CASUALTY RECOVERY PER CENT"	Alphanumeric	78	103	26

2.10.15.2 Detail records within the file:

Field Name	Type	Start	End	Length
Member Number	Alphanumeric	1	9	9
Delimiter (";")	Alphanumeric	10	10	1
Last Name	Alphanumeric	11	23	13

Field Name	Type	Start	End	Length
Delimiter (";")	Alphanumeric	24	24	1
First Name	Alphanumeric	25	33	9
Delimiter (";")	Alphanumeric	34	34	1
CCN	Alphanumeric	35	46	12
Delimiter (";")	Alphanumeric	47	47	1
Date Received	Alphanumeric	48	57	10
Delimiter (";")	Alphanumeric	58	58	1
Amount Posted	Alphanumeric	59	71	13
Delimiter (";")	Alphanumeric	72	72	1
Amount Posted Sign	Alphanumeric	73	73	1
Delimiter (";")	Alphanumeric	74	74	1
Cont Fee	Alphanumeric	75	87	13
Delimiter (";")	Alphanumeric	88	88	1
Cont Fee Sign	Alphanumeric	89	89	1
Delimiter (";")	Alphanumeric	90	90	1
Per Cent	Alphanumeric	91	95	5
Delimiter (";")	Alphanumeric	96	103	8

2.10.16 Output - Estate Recovery Record Layout

2.10.16.1 Header record sent with each file:

Field Name	Type	Start	End	Length
"MAID"	Alphanumeric	1	4	4
","	Alphanumeric	5	5	1

Field Name	Type	Start	End	Length
"RECIP LNAME"	Alphanumeric	6	16	11
","	Alphanumeric	17	17	1
"RECIP FNAME"	Alphanumeric	18	28	11
","	Alphanumeric	29	29	1
"CCN"	Alphanumeric	30	32	3
","	Alphanumeric	33	33	1
"DATE RECEIVED"	Alphanumeric	34	46	13
","	Alphanumeric	47	47	1
"AMOUNT POSTED"	Alphanumeric	48	60	13
","	Alphanumeric	61	61	1
"CONTINGENCY FEE"	Alphanumeric	62	76	15
","	Alphanumeric	77	77	1
"ESTATE RECOVERY PER CENT"	Alphanumeric	78	103	26

2.10.16.2 Detail records within the file:

Field Name	Type	Start	End	Length
Member Number	Alphanumeric	1	9	9
Delimiter (";")	Alphanumeric	10	10	1
Last Name	Alphanumeric	11	23	13
Delimiter (";")	Alphanumeric	24	24	1
First Name	Alphanumeric	25	33	9
Delimiter (";")	Alphanumeric	34	34	1

Field Name	Type	Start	End	Length
CCN	Alphanumeric	35	46	12
Delimiter (";")	Alphanumeric	47	47	1
Date Received	Alphanumeric	48	57	10
Delimiter (";")	Alphanumeric	58	58	1
Amount Posted	Alphanumeric	59	71	13
Delimiter (";")	Alphanumeric	72	72	1
Amount Posted Sign	Alphanumeric	73	73	1
Delimiter (";")	Alphanumeric	74	74	1
Cont Fee	Alphanumeric	75	87	13
Delimiter (";")	Alphanumeric	88	88	1
Cont Fee Sign	Alphanumeric	89	89	1
Delimiter (";")	Alphanumeric	90	90	1
Per Cent	Alphanumeric	91	95	5
Delimiter (";")	Alphanumeric	96	103	8

2.10.17 Output - Trust Recovery Record Layout

2.10.17.1 Header record sent with each file:

Field Name	Type	Start	End	Length
"MAID"	Alphanumeric	1	4	4
"", ,	Alphanumeric	5	5	1
"RECIP LNAME"	Alphanumeric	6	16	11
"", ,	Alphanumeric	17	17	1
"RECIP FNAME"	Alphanumeric	18	28	11

Field Name	Type	Start	End	Length
“,” ,	Alphanumeric	29	29	1
“CCN”	Alphanumeric	30	32	3
“,” ,	Alphanumeric	33	33	1
“DATE RECEIVED”	Alphanumeric	34	46	13
“,” ,	Alphanumeric	47	47	1
“AMOUNT POSTED”	Alphanumeric	48	60	13
“,” ,	Alphanumeric	61	61	1
“CONTINGENCY FEE”	Alphanumeric	62	76	15
“,” ,	Alphanumeric	77	77	1
“TRUST RECOVERY PER CENT”	Alphanumeric	78	103	26

2.10.17.2 Detail records within the file:

Field Name	Type	Start	End	Length
Member Number	Alphanumeric	104	9	9
Delimiter (“;”)	Alphanumeric	10	10	1
Last Name	Alphanumeric	11	23	13
Delimiter (“;”)	Alphanumeric	24	24	1
First Name	Alphanumeric	25	33	9
Delimiter (“;”)	Alphanumeric	34	34	1
CCN	Alphanumeric	35	46	12
Delimiter (“;”)	Alphanumeric	47	47	1
Date Received	Alphanumeric	48	57	10
Delimiter (“;”)	Alphanumeric	58	58	1

Field Name	Type	Start	End	Length
Amount Posted	Alphanumeric	59	71	13
Delimiter (";")	Alphanumeric	72	72	1
Amount Posted Sign	Alphanumeric	73	73	1
Delimiter (";")	Alphanumeric	74	74	1
Cont Fee	Alphanumeric	75	87	13
Delimiter (";")	Alphanumeric	88	88	1
Cont Fee Sign	Alphanumeric	89	89	1
Delimiter (";")	Alphanumeric	90	90	1
Per Cent	Alphanumeric	91	95	5
Delimiter (";")	Alphanumeric	96	103	8

2.10.18 Output - Worker's Comp Info to Worker's Comp Record Layout

Description	Type	Start	End	Length
Recipient Social Security Number	Numeric	1	9	9
Recipient Last name	Alphanumeric	10	10	15
Recipient First Name	Alphanumeric	11	25	15
Recipient Middle Initial	Alphanumeric	26	26	1
Recipient Date of Birth	S9	27	33	7
Recipient Eligibility Begin Date	S9	34	38	5
Recipient Eligibility End Date	S9	39	43	5
Recipient Eligibility Begin Date	S9	44	48	5
Recipient Eligibility End Date	S9	49	53	5
Recipient Eligibility Begin Date	S9	54	58	5

Description	Type	Start	End	Length
Recipient Eligibility End Date	S9	59	63	5
Recipient Eligibility Begin Date	S9	64	68	5
Recipient Eligibility End Date	S9	69	73	5
Recipient Eligibility Begin Date	S9	74	78	5
Recipient Eligibility End Date	S9	79	83	5
Recipient Eligibility Begin Date	S9	84	88	5
Recipient Eligibility End Date	S9	89	93	5
Recipient Eligibility Begin Date	S9	94	98	5
Recipient Eligibility End Date	S9	99	103	5

2.10.19 Output - Adds/Changes Response to PCG Record Layout

Field Name	Type	Start	End	Length
Transaction	Alphanumeric	1	215	215
Program Identification	Alphanumeric	216	223	8
Cycle Date Century	Alphanumeric	224	225	2
Cycle Date Year	Alphanumeric	226	227	2
Cycle Date Month	Alphanumeric	228	229	2
Cycle Date Day	Alphanumeric	230	231	2
PCG Tape Number	Alphanumeric	232	239	8
Managed Care Indicator	Alphanumeric	240	240	1
Filler	Alphanumeric	241	269	29
Load or Error	Alphanumeric	270	270	1

2.10.19.1 If Load or Error = 'L' (Load)

Field Name	Type	Start	End	Length
Pay Percent	Numeric	271	273	3
Pay Percent Number	Alphanumeric	274	274	1
Pay Percent RSN	Alphanumeric	275	309	35
Pay Amount	Numeric	310	315	6

2.10.19.2 If Load or Error = 'E' (Error)

Field Name	Type	Start	End	Length
Error Number	Alphanumeric	271	273	3
Error RSN	Alphanumeric	274	308	35
Error Filler	Alphanumeric	309	315	7

Filler	Alphanumeric	316	350	35
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2.10.20 Output - PA-40 File to PCG Record Layout

Field name	Type	Start	End	Length
Original Recipient Identification	Alphanumeric	1	9	9
Recipient Check Digit	Alphanumeric	10	10	1
Recipient Last Name	Alphanumeric	11	25	15
Recipient First Name	Alphanumeric	26	34	9
Recipient Middle Initial	Alphanumeric	35	35	1
Policy Number	Alphanumeric	36	49	14
TPL Group Number Name	Alphanumeric	50	60	11
Provider Number/Insurance Name	Alphanumeric	61	80	20
TPL Relationship	Alphanumeric	81	81	1

Field name	Type	Start	End	Length
Provider Street 1	Alphanumeric	82	106	25
Provider Street 2	Alphanumeric	107	131	25
Provider City	Alphanumeric	132	153	22
Provider State	Alphanumeric	154	155	2
Provider Zip	Alphanumeric	156	160	5
Provider Zip 4	Alphanumeric	161	164	4
Coverage Code	Alphanumeric	165	166	2
Coverage Start Date	Date (CCYYMMDD)	167	174	8
Coverage End Date	Date (CCYYMMDD)	175	182	8
Hospital Coverage Indicator	Alphanumeric	183	183	1
Medical Coverage Indicator	Alphanumeric	184	184	1
Dental Coverage Indicator	Alphanumeric	185	185	1
Vision Coverage Indicator	Alphanumeric	186	186	1
Drug Coverage Indicator	Alphanumeric	187	187	1
Cancer Coverage Indicator	Alphanumeric	188	188	1
Medicare Supplement Indicator	Alphanumeric	189	189	1
Nursing Home Coverage Indicator	Alphanumeric	190	190	1
Veteran Health Benefit Coverage Indicator	Alphanumeric	191	191	1
Other Coverage Indicator	Alphanumeric	192	192	1
Unknown Coverage Indicator	Alphanumeric	193	193	1
Other Coverage Text	Alphanumeric	194	208	15
Information Indicator	Alphanumeric	209	209	1

Field name	Type	Start	End	Length
Date Transaction YYMM	Alphanumeric	210	215	6
Policy Holder Last Name	Alphanumeric	216	230	15
Policy Holder First Name	Alphanumeric	231	239	9
Policy Holder Middle Initial	Alphanumeric	240	240	1
TPL Street 1 Text	Alphanumeric	241	265	25
TPL Street 2 Text	Alphanumeric	266	290	25
TPL City Text	Alphanumeric	291	312	22
TPL State Code	Alphanumeric	313	314	2
TPL Zip Code	Alphanumeric	315	319	5
TPL Zip Plus 4	Alphanumeric	320	324	4
DCSE MSE Reference Flag	Alphanumeric	325	325	1
Absent Print Name	Alphanumeric	326	350	25
Absent Social Security Number	Alphanumeric	351	359	9
Status Code	Alphanumeric	360	360	1
Filler	Alphanumeric	361	361	1

2.10.20.1 Output - TPL Billing Record Layout

Field Name	Type	Start	End	Length
Sort key	Alphanumeric	1	30	30
Carrier Identification	Alphanumeric	31	36	6
Policy Numeric	Alphanumeric	37	51	15
Original Recipient Identification	Numeric	52	60	9
Recipient Check Digit	Numeric	61	61	1

Field Name	Type	Start	End	Length
First Service Date	Numeric	62	69	8
Transaction Control Numeric	Numeric	70	86	17
Line Item Code	Numeric	87	88	2
Key Filler	Alphanumeric	89	90	2
Transaction Control Numeric 2	Numeric	91	107	17
Line Item Code 2	Numeric	108	109	2
Policy Numeric 3	Alphanumeric	110	124	15
First Date of Service 3	Numeric	125	132	8
Transaction Control Numeric 3	Numeric	133	149	17
Line Item 3	Numeric	150	151	2
Original Recipient 4	Numeric	152	160	9
Recipient Check Digit 4	Numeric	161	161	1
First Date of Service 4	Numeric	162	169	8
Transaction Control Numeric 4	Numeric	170	186	17
Line Item 4	Numeric	187	188	2
Original Recipient 5	Numeric	189	197	9
Recipient Check Digit 5	Numeric	198	198	1
Carrier Type 5	Alphanumeric	199	200	2
Add Date 5	Signed Numeric	201	205	5
Transaction Control Numeric 5	Numeric	206	222	17
Line Item 5	Alphanumeric	223	224	2

Field Name	Type	Start	End	Length
10 N1950212-CARRIER-NAME	Alphanumeric	225	254	30
Transaction Control Numeric 6	Numeric	255	271	17
Line Item code 6	Numeric	272	273	2
Policy Holder Last Name	Alphanumeric	274	288	15
Policy Holder First Name	Alphanumeric	289	297	9
Policy Holder Middle Initial	Alphanumeric	298	298	1
Transaction Control Numeric 7	Numeric	299	315	17
Lie item 7	Numeric	316	317	2
Clerk Identification	Numeric	318	320	3
Date of Last Transaction	Signed Numeric	321	325	5
Last Batch update	Signed Numeric	326	330	5
Add Date	Signed Numeric	331	335	5
Bill Type	Alphanumeric	336	337	2
Bill Deny RSN	Alphanumeric	338	339	2
Bill Deny RSN	Alphanumeric	340	341	2
TPL Source Indicator	Alphanumeric	342	342	1
Bill Frequency Days	Numeric	343	345	3
Bill Frequency Indicator	Alphanumeric	346	346	1
Follow Up Frequency	Alphanumeric	347	347	1
Clinic Numeric	Alphanumeric	348	357	10
Bill Report Indicator	Alphanumeric	358	358	1

Field Name	Type	Start	End	Length
Not Billed Indicator	Alphanumeric	359	359	1
Post History Indicator	Alphanumeric	360	360	1
Referred Indicator	Alphanumeric	361	361	1
Referred Date	Signed Numeric	362	366	5
Original Bill Date	Signed Numeric	367	371	5
Rebill Date	Signed Numeric	372	376	5
Rebill Date	Signed Numeric	377	381	5
Recovered Date	Signed Numeric	382	386	5
Bill Closed Date	Signed Numeric	387	391	5
Recovered Amount	Signed Numeric	392	398	7
Attorney INCNTV Amount	Signed Numeric	399	405	7
Overage Amount	Signed Numeric	406	412	7
Bill Adjust Indicator	Alphanumeric	413	413	1
TPL Remarks	Alphanumeric	414	485	72
Claim Input Form Indicator	Alphanumeric	486	486	1
First Date of Service	Signed Numeric	487	491	5
Last Date of Service	Signed Numeric	492	496	5
Date Paid	Signed Numeric	497	501	5
Provider Numeric	Signed Numeric	502	511	10
Provider Name	Alphanumeric	512	541	30
Recipient Last Name	Alphanumeric	542	556	15

Field Name	Type	Start	End	Length
Recipient First Name	Alphanumeric	557	565	9
Recipient Middle Initial	Alphanumeric	566	566	1
Injury Other	Alphanumeric	567	567	1
Trauma Rel Indicator	Alphanumeric	568	568	1
Employment Rel Indicator	Alphanumeric	569	569	1
Drug Code	Alphanumeric	570	580	11
Procedure Code	Alphanumeric	581	585	5
Filler	Alphanumeric	586	591	6
Diag Code ICD 9	Alphanumeric	592	597	6
Place of Service	Alphanumeric	598	599	2
Prescription Numeric	Alphanumeric	600	605	6
Drug Quantity	Signed Numeric	606	610	5
Refill Indicator	Alphanumeric	611	611	1
TPL Adjust Indicator	Alphanumeric	612	612	1
Injury Auto	Alphanumeric	613	613	1
Total Claim Charge	Signed Numeric	614	620	7
Net Claim Charge	Signed Numeric	621	627	7
Reimbursement Amount	Signed Numeric	628	634	7
Third Party Payment Amount	Signed Numeric	635	641	7
Adjust Amount	Signed Numeric	642	648	7
Adjust Date	Signed Numeric	649	653	5

Field Name	Type	Start	End	Length
Group Cost	Alphanumeric	654	655	2
Apply Fees	Alphanumeric	656	656	1
Program Identification	Alphanumeric	657	664	8
Billing Letter	Alphanumeric	665	665	1
Policy Type	Alphanumeric	666	667	2
Current Recipient Identification	Numeric	668	676	9
Current Recipient Check Digit	Numeric	677	677	1
05 FILLER	Alphanumeric	678	686	9
Old A R Ctn	Alphanumeric	687	693	7
OLD A R Case Numeric	Alphanumeric	694	709	16
Old A R TCN	Alphanumeric	710	722	13
Numeric Cash Control Data	Signed Numeric	723	725	3
TPL Cash Control Numeric	Numeric	726	737	12
DTL Recovered Amount	Signed Numeric	738	744	7
DTL Recovered Date	Signed Numeric	745	749	5
DTL Overage Amount	Signed Numeric	750	756	7
DTL Attorney Invntc Amt	Signed Numeric	757	763	7
DTL Adjust Reason	Alphanumeric	764	765	2
DTI Bill Adjust Indicator	Alphanumeric	766	766	1
DTL Bill Adjust Type	Alphanumeric	767	767	1
DTL Update Indicator	Alphanumeric	768	768	1

2.10.21 Output - First Health PBA TPL Carrier Record Layout

Description	Type	Start	End	Length
Qualifier	Alphanumeric	1	2	2
OP Identification	Alphanumeric	3	12	10
OP name	Alphanumeric	13	57	45
OP Street 1	Alphanumeric	58	81	24
OP Street 2	Alphanumeric	82	105	24
OP City Town	Alphanumeric	106	125	20
OP Providence State	Alphanumeric	126	127	2
OP Postal Code	Alphanumeric	128	136	9
OP Additional ID	Alphanumeric	137	145	9
Filler	Alphanumeric	146	146	1

2.10.22 Output - TPL Carrier File MCO Record Layout

Field name	Type	Start	End	Length
RECORD-CODE	Character	1	2	2
CARRIER-ID	Character	3	9	7
DATE-OF-LAST-TRANS	Number	10	17	8
CLERK-IDENTIFICATION	Number	18	20	3
ADD-DATE	Number	21	28	8
TPL-CARRIER-TYPE	Character	29	30	2
TPL-BILL-MEDIA	Character	31	31	1
BILL-FREQUENCY-DAYS	Number	32	34	3
TAX-ID	Character	35	43	9

Field name	Type	Start	End	Length
CARRIER-NAME	Character	44	73	30
RECORD-HAS-RESOURCES	Character	74	74	1
SUBM-ADDRESS-TYPE	Character	75	76	2
CARR-CONTACT	Character	77	107	31
CARR-PHONE	Character	108	119	12
CARR-PHONE-EXT		120	123	4
CARR-ADDR1	Character	124	154	31
CARR-ADDR2	Character	155	185	31
CARR-CITY	Character	186	205	20
CARR-STATE	Character	206	207	2
CARR-ZIP-5	Number	208	212	5
CARR-ZIP-4	Number	213	216	4
CORP-ADDRESS-TYPE	Character	217	218	2
CORP-CONTACT	Character	219	249	31
CORP-PHONE	Character	250	261	12
CORP-PHONE-EXT	Character	262	265	4
CORP-ADDR1	Character	266	296	31
CORP-ADDR2	Character	297	327	31
CORP-CITY	Character	328	347	20
CORP-STATE	Character	348	349	2
CORP-ZIP-5	Number	350	354	5
CORP-ZIP-4	Number	355	358	4

Field name	Type	Start	End	Length
MTD1-COST-SAVINGS	Number	359	366	8
MTD1-NEW-SEGMENTS	Number	367	372	5
MTD1-CHG-SEGMENTS	Number	373	377	5
YTD1-COST-SAVINGS	Number	378	385	8
YTD1-NEW-SEGMENTS	Number	386	390	5
YTD1-CHG-SEGMENTS	Number	391	395	5
MTD2-COST-SAVINGS	Number	396	403	8
MTD2-NEW-SEGMENTS	Number	404	408	5
MTD2-CHG-SEGMENTS	Number	409	413	5
YTD2-COST-SAVINGS	Number	414	421	8
YTD2-NEW-SEGMENTS	Number	422	426	5
YTD2-CHG-SEGMENTS	Number	427	431	5
PROGRAM-ID	Character	432	439	8
TAPE-CARRIER-ID	Character	440	445	6
PIN-NUMBER	Character	446	455	10
BILL-MEDIA-DATE	Number	456	463	8
CARRIER-STATUS	Character	464	465	1
CARRIER-STATUS-DATE	Number	466	473	8
FILLER	Character	474	534	60

2.10.23 Output - TPL Carrier File Record Layout

Field Name	Type	Start	End	Length
Record Code	Alphanumeric	1	2	2
Carrier Identification	Alphanumeric	3	9	7
Filler	Alphanumeric	10	20	11
Filler	Alphanumeric	21	25	5
Date of Last Transaction	Numeric(2d)	26	33	8
Clerk Identification	Numeric(2d)	34	36	3
Add Date	Numeric(2d)	37	44	8
TPL Carrier Type	Alphanumeric	45	46	2
Filler 1	Alphanumeric	47	47	1
TPL Bill Media	Alphanumeric	48	48	1
Filler	Alphanumeric	49	49	1
Bill Frequency Days	Numeric(2d)	50	52	3
Tax Identification	Alphanumeric	53	61	9
Carrier Name	Alphanumeric	62	91	30
Record Has Resources	Alphanumeric	92	92	1
Submission Address Type	Alphanumeric	93	94	2
Carrier Contact	Alphanumeric	95	125	31
Carrier Phone	Alphanumeric	126	137	12
Carrier Phone Extension	Alphanumeric	138	141	4
Carrier Street 1	Alphanumeric	142	172	31
Carrier Street 2	Alphanumeric	173	203	31

Field Name	Type	Start	End	Length
Carrier City	Alphanumeric	204	223	20
Carrier State	Alphanumeric	224	225	2
Carrier Zip	Numeric(2d)	226	230	5
Carrier Zip Plus 4	Numeric(2d)	231	234	4
Corporation Address Type	Alphanumeric	235	236	2
Corporation Contact	Alphanumeric	237	267	31
Corporation Phone	Alphanumeric	268	279	12
Corporation Phone Extensi	Alphanumeric	280	283	4
Corporation Street 1	Alphanumeric	284	314	31
Corporation Street 2	Alphanumeric	315	345	31
Corporation City	Alphanumeric	346	365	20
Corporation State	Alphanumeric	366	367	2
Corporation Zip	Numeric(2d)	368	372	5
Corporation Zip Plus 4	Numeric(2d)	373	376	4
MTD1 Cost Saving	Numeric(2d)	377	384	8
MTD1 New Segments	Numeric(2d)	385	389	5
MTD1 Charge Segments	Numeric(2d)	390	394	5
YTD1 Costs Saving	Numeric(2d)	395	402	8
YTD1 New Segments	Numeric(2d)	403	407	5
YTD1 Charge Segments	Numeric(2d)	408	412	5
MTD2 Cost Saving	Numeric(2d)	413	420	8
MTD2 New Segments	Numeric(2d)	421	425	5

Field Name	Type	Start	End	Length
MTD2 Charge Segments	Numeric(2d)	426	430	5
YTD2 Costs Saving	Numeric(2d)	431	438	8
YTD2 New Segments	Numeric(2d)	439	443	5
YTD2Charge Segments	Numeric(2d)	444	448	5
Filler 3	Alphanumeric	449	504	56
Program Identification	Alphanumeric	505	512	8
Carrier Tape Identification	Alphanumeric	513	518	6
PIN	Numeric(2d)	519	528	10
Bill Media Date	Numeric(2d)	529	536	8
Carrier Status	Alphanumeric	537	537	1
Carrier Status Date	Numeric(2d)	538	545	8
Filler	Alphanumeric	546	592	47

2.10.24 Output- TPL Member End Dated Segments to DCBS Record Layout

Field Name	Type	Start	End	Length
Recipient Identification	Alphanumeric	1	9	9
Filler	Alphanumeric	10	10	1
Recipient Case Number	Alphanumeric	11	20	10
Recipient Last Name	Alphanumeric	21	35	15
Recipient First Name	Alphanumeric	36	44	9
Recipient Middle Initial	Alphanumeric	45	45	1
Recipient Birth Month	Numeric	46	47	2

Field Name	Type	Start	End	Length
Recipient Birth Day	Numeric	48	49	2
Recipient Birth Century	Numeric	50	51	2
Recipient Birth Year	Numeric	52	53	2
Recipient Policy Month	Numeric	54	55	2
Recipient Policy Day	Numeric	56	57	2
Recipient Birth Century	Numeric	58	59	2
Recipient Policy Year	Numeric	60	61	2
Carrier Identification	Alphanumeric	62	68	7
Transaction Identification	Alphanumeric	69	69	1
Medicaid Identification Number	Alphanumeric	70	79	10
Filler	Alphanumeric	80	80	1

2.10.25 Output - TPL Resource File to DCSE Record Layout

Field Name	Type	Start	End	Length
Recipient Identification	Numeric	1	9	9
Recipient Check Digit	Alphanumeric	10	10	1
Recipient First Name	Alphanumeric	11	19	9
Recipient Last Name	Alphanumeric	20	34	15
Recipient Birth Month	Numeric	35	36	2
Recipient Birth Date	Numeric	37	38	2
Recipient Birth Century	Numeric	39	40	2
Recipient Birth Year	Numeric	41	42	2

Field Name	Type	Start	End	Length
Transaction ID	Alphanumeric	43	43	1

2.10.26 Output - TPL Resource File to MCO Record Layout

Field Name	Type	Start	End	Length
Trading Partner ID	Alphanumeric	1	10	10
Member ID	Alphanumeric	11	20	10
File Type	Alphanumeric	21	21	1
Trans Type	Alphanumeric	22	22	1
Absent Parent Last Name	Alphanumeric	23	37	15
Absent Parent First Name	Alphanumeric	38	46	9
Absent Parent Middle Initia	Alphanumeric	47	47	1
Absent Parent Social Security Number	Alphanumeric	48	56	9
Absent Parent Date of Birth	Date (CCYYMMDD)	57	64	8
Absent Parent Street 1	Alphanumeric	65	89	25
Absent Parent Street 2	Alphanumeric	90	114	25
Absent Parent City	Alphanumeric	115	136	22
Absent Parent State	Alphanumeric	137	138	2
Absent Parent Zip	Number	139	143	5
Absent Parent Zip Plus 4	Number	144	147	4
Absent Parent BOS	Alphanumeric	148	148	1
Absent Parent Status	Alphanumeric	149	149	1
Absent Parent Change Date	Date (CCYYMMDD)	150	157	8

Field Name	Type	Start	End	Length
Absent Parent Add Date	Date (CCYYMMDD)	158	165	8
Carrier Identification	Alphanumeric	166	172	7
Court Order TPL Indicator	Alphanumeric	173	173	1
TPL-Bypass Cost Avoidance	Alphanumeric	174	174	1
Bypass Cost Avoidance Date	Date (CCYYMMDD)	175	182	8
TPL Source Indicator	Alphanumeric	183	183	1
Policy Number	Alphanumeric	184	198	15
Policy Begin Date	Date (CCYYMMDD)	199	206	8
Policy End Date	Date (CCYYMMDD)	207	214	8
Policy Holder Social Security Nu	Alphanumeric	215	223	9
Policy Holder Last Name	Alphanumeric	224	238	15
Policy Holder First Name	Alphanumeric	239	247	9
Policy Holder Middle Initial	Alphanumeric	248	248	1
Policy Holder Street 1	Alphanumeric	249	273	25
Policy Holder Street 2	Alphanumeric	274	298	25
Policy Holder City	Alphanumeric	299	320	22
Policy Holder State	Alphanumeric	321	322	2
Policy Holder Zip	Number	323	327	5
Policy Holder Zip Plus 4	Number	328	331	4
TPL-Group Number Name	Alphanumeric	332	356	25
TPL Remarks	Alphanumeric	357	416	60
TPL Type Coverage	Alphanumeric	417	418	2

Field Name	Type	Start	End	Length
Coverage Add Date	Date (CCYYMMDD)	419	426	8
Coverage Date of Last Transactio	Date (CCYYMMDD)	427	434	8
TPL Type Coverage	Alphanumeric	435	436	2
Coverage Add Date	Date (CCYYMMDD)	437	444	8
Coverage Date of Last Transactio	Date (CCYYMMDD)	445	452	8
TPL Type Coverage	Alphanumeric	453	454	2
Coverage Add Date	Date (CCYYMMDD)	455	462	8
Coverage Date of Last Transactio	Date (CCYYMMDD)	463	470	8
TPL Type Coverage	Alphanumeric	471	472	2
Coverage Add Date	Date (CCYYMMDD)	473	480	8
Coverage Date of Last Transactio	Date (CCYYMMDD)	481	488	8
TPL Type Coverage	Alphanumeric	489	490	2
Coverage Add Date	Date (CCYYMMDD)	491	498	8
Coverage Date of Last Transactio	Date (CCYYMMDD)	499	506	8
TPL Relationship	Alphanumeric	507	507	1
TPL Verify Date	Date (CCYYMMDD)	508	515	8
TPL TAD Counter	Number	516	516	1
TPL Assignment Indicator	Alphanumeric	517	517	1
Filler	Alphanumeric	518	894	377

2.10.27 Output - TPL Resource File**This file is sent to PCG**

Field Name	Type	Start	End	Length
Resource Sak	Numeric	1	9	9
Recipient Sak	Numeric	10	18	9
Medicaid Identification	Alphanumeric	19	30	12
Carrier Identification	Character	31	37	7
Policy number	Alphanumeric	38	53	16
Policy Group Number	Alphanumeric	54	69	16
Coverage Type Code (1)	Alpha	70	71	2
Coverage Start Date (1)	Date (CCMMDD)	72	79	8
Coverage End Date (1)	Date (CCMMDD)	80	87	8
Coverage Type Code (2)	Alphanumeric	88	89	2
Coverage Start Date (2)	Date (CCMMDD)	90	97	8
Coverage End Date (2)	Date (CCMMDD)	98	105	8
Coverage Type Code (3)	Alphanumeric	106	107	2
Coverage Start Date (3)	Date (CCMMDD)	108	115	8
Coverage End Date (3)	Date (CCMMDD)	116	123	8
Coverage Type Code (4)	Alphanumeric	124	125	2
Coverage Start Date (4)	Date (CCMMDD)	126	133	8
Coverage End Date (4)	Date (CCMMDD)	134	141	8
Coverage Type Code (5)	Alphanumeric	142	143	2
Coverage Start Date (5)	Date (CCMMDD)	144	151	8

Field Name	Type	Start	End	Length
Coverage End Date (5)	Date (CCMMDD)	152	159	8
Coverage Type Code (6)	Alphanumeric	160	161	2
Coverage Start Date (6)	Date (CCMMDD)	162	169	8
Coverage End Date (6)	Date (CCMMDD)	170	177	8
Coverage Type Code (7)	Alphanumeric	178	179	2
Coverage Start Date (7)	Date (CCMMDD)	180	187	8
Coverage End Date (7)	Date (CCMMDD)	188	195	8
Coverage Type Code (8)	Alphanumeric	196	197	2
Coverage Start Date (8)	Date (CCMMDD)	198	205	8
Coverage End Date (8)	Date (CCMMDD)	206	213	8
Coverage Type Code (9)	Alphanumeric	214	215	2
Coverage Start Date (9)	Date (CCMMDD)	216	223	8
Coverage End Date (9)	Date (CCMMDD)	224	231	8
Coverage Type Code (10)	Alphanumeric	232	233	2
Coverage Start Date (10)	Date (CCMMDD)	234	241	8
Coverage End Date (10)	Date (CCMMDD)	242	249	8
Coverage Type Code (11)	Alphanumeric	250	251	2
Coverage Start Date (11)	Date (CCMMDD)	252	259	8
Coverage End Date (11)	Date (CCMMDD)	260	267	8
Coverage Type Code (12)	Alphanumeric	268	269	2
Coverage Start Date (12)	Date (CCMMDD)	270	277	8
Coverage End Date (12)	Date (CCMMDD)	278	285	8

Field Name	Type	Start	End	Length
Coverage Type Code (13)	Alphanumeric	286	287	2
Coverage Start Date (13)	Date (CCMMDD)	288	295	8
Coverage End Date (13)	Date (CCMMDD)	296	303	8
Coverage Type Code (14)	Alphanumeric	304	305	2
Coverage Start Date (14)	Date (CCMMDD)	306	313	8
Coverage End Date (14)	Date (CCMMDD)	314	321	8
Coverage Type Code (15)	Alphanumeric	322	323	2
Coverage Start Date (15)	Date (CCMMDD)	324	331	8
Coverage End Date (15)	Date (CCMMDD)	332	339	8
Coverage Type Code (16)	Alphanumeric	340	341	2
Coverage Start Date (16)	Date (CCMMDD)	342	349	8
Coverage End Date (16)	Date (CCMMDD)	350	357	8
Coverage Type Code (17)	Alphanumeric	358	359	2
Coverage Start Date (17)	Date (CCMMDD)	360	367	8
Coverage End Date (17)	Date (CCMMDD)	368	375	8
Insured Social Security Number	Alphanumeric	376	384	9
Insured Last Name	Alphanumeric	385	404	20
Insured First Name	Alphanumeric	405	419	15
Insured Middle Initial	Alphanumeric	420	420	1
Insured Sex Code	Alphanumeric	421	421	1
Insured Street 1	Numeric	422	476	55
Insured Street 2	Numeric	477	531	55

Field Name	Type	Start	End	Length
Insured City	Alphanumeric	532	561	30
Insured State	Alphanumeric	562	563	2
Insured Zip	Alphanumeric	564	578	15
Insured Zip Plus 4	Alphanumeric	579	582	4
Insured DOB	Date (CCMMDD)	583	590	8
Recipient Social Security Number	Numeric	591	599	9
Recipient Last Name	Alphanumeric	600	619	20
Recipient First Name	Alphanumeric	620	634	15
Recipient Middle Initial	Alphanumeric	635	635	1
Recipient Date of Birth	Date (CCMMDD)	636	643	8
Recipient Relation	Alphanumeric	644	645	2
Employer Name	Alphanumeric	646	684	39
Employer Street 1	Alphanumeric	685	739	55
Employer Street 2	Alphanumeric	740	794	55
Employer City	Alphanumeric	795	824	30
Employer State	Alphanumeric	825	826	2
Employer addr Zip	Alphanumeric	827	841	15
Employer addr Zip plus 4	Alphanumeric	842	845	4
Newline Character	Alphanumeric	846	846	1

2.10.28 Output - TPL Resource Information to DCBS Record Layout

Field Name	Type	Start	End	Length
Recipient SSN	Alphanumeric	1	9	9

Field Name	Type	Start	End	Length
Recipient Check Digit	Alphanumeric	10	10	1
Recipient Case	Alphanumeric	11	20	10
Recipient Last Name	Alphanumeric	21	35	15
Recipient First Name	Alphanumeric	36	44	9
Recipient Middle Initial	Alphanumeric	45	45	1
Recipient Birth Month	Numeric	46	47	2
Recipient Birth Day	Numeric	48	49	2
Recipient Birth Century	Numeric	50	51	2
Recipient Birth Year	Numeric	52	53	2
Policy Last Name	Alphanumeric	54	68	15
Policy First Name	Alphanumeric	69	77	9
Policy Middle Initial	Alphanumeric	78	78	1
Policy Street 1	Alphanumeric	79	103	25
Policy Street 2	Alphanumeric	104	128	25
Policy City	Alphanumeric	129	150	22
Policy State	Alphanumeric	151	152	2
Policy Zip	Numeric	153	161	9
Policy Character	Alphanumeric	162	175	14
TPL Group Name	Alphanumeric	176	186	11
Policy Begin Month	Numeric	187	188	2
Policy Begin Day	Numeric	189	190	2
Policy Begin Century	Numeric	191	192	2

Field Name	Type	Start	End	Length
Policy Begin Year	Numeric	193	194	2
Carrier Name	Alphanumeric	195	226	32
Carrier Street 1	Alphanumeric	227	248	22
Carrier Street 2	Alphanumeric	249	270	22
Carrier City	Alphanumeric	271	286	16
Carrier State	Alphanumeric	287	288	2
Carrier Zip	Numeric	289	293	5
Carrier Zip Plus 4	Numeric	294	297	4
TPL Relationship	Alphanumeric	298	298	1
TPL Type Coverage	Alphanumeric	299	300	2
Carrier Identification	Alphanumeric	301	307	7
Medicaid Identification	Alphanumeric	308	317	10
Filler	Alphanumeric	318	350	33

2.11 Requirement Matrix and Cross Reference

This section provides a crosswalk of each functional requirement included in the KY MMIS Requirements Checklist shown in the RFP Appendix to MMIS design components. This is accomplished by listing each requirement with its current status, associated change orders and mapped system objects.

Subsystem	Requirement	Status	Mapped Objects	Change Orders
Third Party Liability	30.030.004	No mapping required		
Third Party Liability	30.030.004.001.1	No mapping required		
Third Party Liability	30.030.004.001.10	No mapping required		
Third Party Liability	30.030.004.001.11	No mapping required		
Third Party Liability	30.030.004.001.12	No mapping required		
Third Party Liability	30.030.004.001.2	No mapping required		
Third Party Liability	30.030.004.001.3	No mapping required		
Third Party Liability	30.030.004.001.4	No mapping required		
Third Party Liability	30.030.004.001.5	No mapping required		
Third Party Liability	30.030.004.001.6	No mapping required		
Third Party Liability	30.030.004.001.7	No mapping required		
Third Party Liability	30.030.004.001.8	No mapping required		
Third Party Liability	30.030.004.001.9	No mapping required		
Third Party Liability	30.030.004.002	No mapping required		
Third Party Liability	30.030.004.002.1	No mapping required		

Subsystem	Requirement	Status	Mapped Objects	Change Orders
Third Party Liability	30.030.004.002.10	No mapping required		
Third Party Liability	30.030.004.002.11	No mapping required		
Third Party Liability	30.030.004.002.12	No mapping required		
Third Party Liability	30.030.004.002.13	No mapping required		
Third Party Liability	30.030.004.002.14	No mapping required		
Third Party Liability	30.030.004.002.15	No mapping required		
Third Party Liability	30.030.004.002.16	No mapping required		
Third Party Liability	30.030.004.002.17	No mapping required		
Third Party Liability	30.030.004.002.18	No mapping required		3335 - REL2-HIPP Average Expenditure 2692 - Modify HIPP control cards
Third Party Liability	30.030.004.002.19	No mapping required	tpl0017i	2270 - T_CASUALTY_CASE TPL Batch 2648 - Modify tpl0017i.sc for new field
Third Party Liability	30.030.004.002.2	No mapping required		
Third Party Liability	30.030.004.002.20	No mapping required		
Third Party Liability	30.030.004.002.3	No mapping required		
Third Party Liability	30.030.004.002.4	No mapping required		
Third Party Liability	30.030.004.002.5	No mapping required		
Third Party	30.030.004.002.6	No mapping		

Subsystem	Requirement	Status	Mapped Objects	Change Orders
Liability		required		
Third Party Liability	30.030.004.002.7	No mapping required		
Third Party Liability	30.030.004.002.8	No mapping required		
Third Party Liability	30.030.004.002.9	No mapping required		
Third Party Liability	30.050.001U	RV Sign-Off CO	TPL.ARSelectedDisp TPL.AbsentParentEm ployer TPL.ArDispositionSe arch.ascx TPL.BaseInformation TPL.CarriersByMemb er TPL.CaseTrackingAtt orney TPL.CaseTrackingCl aimsSearchPanel.asc x TPL.CasualtyCaseBa seEditPanel.ascx TPL.CasualtyCaseInf ormation TPL.CasualtyCaseInf ormation.ascx TPL.CasualtyCaseSe archPanel TPL.CasualtyCaseSe archPanel.ascx TPL.CasualtyCaseSe ttlementPanel.ascx TPL.CasualtyCaseTr ackingClaimPanel TPL.DependentsOfP olicyPanel.ascx TPL.HIPPCaseMiniS earchPanel.ascx TPL.HIPPIInformation Panel.ascx TPL.HIPPPaymentEn tity TPL.HIPPPRecipient TPL.HIPPSearchPan el TPL.HIPPSearchPan	8917 - TPLJW080 155 - Recipient to Member - Reports 190 - Recipient to Member - Panels

Subsystem	Requirement	Status	Mapped Objects	Change Orders
			el.aspx TPL.HippInformation Panel TPL.Search.aspx TPL.SearchResults TPL.TPLARHealthPa nel.aspx TPL.TPLHippCaseCa lculatationPanel.aspx TPL.TPLResourceInf ormation.aspx TPL.TplMiniSearchPa nel.aspx TPL-0005-M TPL-0007-R TPL-0009-W TPL-0010-W TPL-0020-R TPL-0024-M TPL-0033-M TPL-0035-R TPL-0036-R TPL-0038-M TPL-0039-M TPL-0040-W TPL-0044-W TPL-0071-M TPL-0081-W TPL-0082-W TPL-0091-M TPL-0092-M TPL-0093-M TPL-0102-M TPL-0103-M w_prov_corr_maint_s earch	
Third Party Liability	30.050.004	Informational		
Third Party Liability	30.050.004.001	Commonwealth		
Third Party Liability	30.050.004.001.1	Commonwealth		
Third Party Liability	30.050.004.001.10	Commonwealth		

Subsystem	Requirement	Status	Mapped Objects	Change Orders
Third Party Liability	30.050.004.001.11	Commonwealth		
Third Party Liability	30.050.004.001.12	Commonwealth		
Third Party Liability	30.050.004.001.2	Commonwealth		
Third Party Liability	30.050.004.001.3	Commonwealth		
Third Party Liability	30.050.004.001.4	Commonwealth		2654 - KAMES Requirements 9007
Third Party Liability	30.050.004.001.5	Commonwealth		
Third Party Liability	30.050.004.001.6	Commonwealth		
Third Party Liability	30.050.004.001.7	Commonwealth		
Third Party Liability	30.050.004.001.8	Commonwealth		
Third Party Liability	30.050.004.001.9	Commonwealth		
Third Party Liability	30.050.004.002	Informational		1374 - Chrono Notes field increase
Third Party Liability	30.050.004.002.1	RV Sign-Off Task		212 - Create KY Operating Procedures
Third Party Liability	30.050.004.002.10	RV Sign-Off CO	TPLBMNTH TPLJB080 TPLJD060 TPLJD080 TPLJD310 TPLJM079 TPLJM300 TPLJM310 TPLJO003 TPLJQ020	359 - TPL Interface from PCG TPL info 212 - Create KY Operating Procedures 363 - TPL Interface from DEERS 475 - DCR1444-Interf from KAMES Estate 182 - TPL Interface from DCSE 189 - TPL Interface Dept of Personnel 357 - TPL Interface with First Health 360 - TPL Interface with Carrier

Subsystem	Requirement	Status	Mapped Objects	Change Orders
				1374 - Chrono Notes field increase 246 - TPL Interface from Workers Comp 361 - TPL Interface with SSA-8019-U2 358 - TPL Interface with KAMES 181 - TPL Interface with MCO 364 - TPL Interface to DCSE 408 - TPL Interface to PCG 3071 - Don't run TPLJM300 8528 - Modify TPL Resource file to MCO
Third Party Liability	30.050.004.002.11	RV Sign-Off CO	TPL-0310-D TPL-0311-D TPL-0330-W	475 - DCR1444-Interf from KAMES Estate 1373 - Chrono Note field length 358 - TPL Interface with KAMES
Third Party Liability	30.050.004.002.12	RV Sign Off		
Third Party Liability	30.050.004.002.14	RV Sign Off	TPLJW011 TPLJW012 TPLJW013 TPLJW014 TPLJW041 TPL-0025-W TPL-0026-R TPL-0035-R TPL-0036-R TPL-0037-R	
Third Party Liability	30.050.004.002.15	RV Sign Off	TPLJW001 TPLJW080 TPLJW100 TPLJW101 TPLJW102 TPLJW103 tpl0010m	3351 - REL2-Accident / Trauma Report 8833 - Accident Trauma process 2484 - Modify Accident Trauma process 2190 - Promote to MO

Subsystem	Requirement	Status	Mapped Objects	Change Orders
Third Party Liability	30.050.004.002.16	RV Sign-Off CO	TPLJM011 TPLJM012 TPLJM013 TPLJM014 TPLJM030 TPLJM031 TPLJM032 TPLJM033 TPLJM034 TPLJM050 TPLJM051 TPLJM060 TPLJM070 TPLJM071 TPLJM072 TPLJM073 TPLJM090 TPL.BillingsInformationPage TPL.TplArInformation TPL-0026-R TPL-0035-R TPL-0036-R TPL-0037-R	673 - Medicare Rebilling 279 - TPL Billing jobs 597 - AR Base Info Panel ICN reqd
Third Party Liability	30.050.004.002.17	RV Sign-Off CO	PTPMREB1 PTPMREB2 PTPMREB3 TPLJM020 TPLJM021 TPLJM022 TPLJM023 TPLJM103 TPL-0940-M	673 - Medicare Rebilling 279 - TPL Billing jobs 408 - TPL Interface to PCG
Third Party Liability	30.050.004.002.18	RV Sign-Off CO	TPLJA001 TPLJA002 TPLJD050 TPLJM038 TPLJM039 TPLJM290 TPLJQ003 TPLJW004 TPLJW005 TPLJW180 TPLJW215 TPLJW250 TPLJW260 TPLJW270	2192 - HIPP Recipient - 9734 HIPP 2193 - HIPP Information Panel 2627 - Average Expenditure Manual panel 1231 - Update Average Clms Exp tables 2191 - T_HIPP_EXPEND_XREF TPL Batch 2575 - HIPP Letters

Subsystem	Requirement	Status	Mapped Objects	Change Orders
			TPLJW280 TPLJW290 TPL.HIPPInformation Page TPL.HIPPSearchPag e TPL.ChronoNotesPa nel.ascx - HIPP TPL.HIPPAverageDia gExpenditure TPL.HIPPBaselInform ationPanel.ascx TPL.HIPPCaseMiniS earchPanel.ascx TPL.HIPPInformation Panel.ascx TPL.HIPPLetter TPL.HIPPLetterHistor y TPL.HIPPPaymentEn tity TPL.HIPPPaymentSe tup.ascx TPL.HIPReason TPL.HIPRecipient TPL.HIPSearchPan el TPL.HIPSearchPan el.ascx TPL.HippAverageAid ExpenditurePanel.asc x TPL.HippInformation Panel TPL.PaymentHistory TPL.TPLHippCaseCa lculatationPanel.ascx tpl0029r tpl0038m tpl0270w tpl0645m tpl0745m tpl0830w tpl1180w TPL-0038-M TPL-0039-M TPL-0042-Q TPL-0044-W TPL-0050-D	3200 - REL2-HIPP Member 3365 - REL2- T_HIPP_EXPEND_XR EF Batch 4249 - REL2 - Modify tpl1150w 3082 - Batch Fix HIPP status codes 3088 - REL2-HIPP Payment Setup 3089 - REL2-HIPP Case Search Results 3301 - REL2- T_HIPP_COVERAGE _XREF 3302 - REL2-HIPP Base Information mod 631 - HIPP No Premium report 690 - HIPP Members- Not eligible 3267 - HIPP Payment History 691 - HIPP Management report 1234 - HIPP Enroll Notification Form 3087 - REL2-HIPP Payment Entity 3160 - REL2-HIPP Maintenance 3174 - REL2-Fix HIPP Information panel 1238 - HIPP Remittance Statement 2636 - T_HIPP_RESOURCE UI change 3171 - REL2-HIPP Base Information 3266 - REL2-HIPP Case Search 2628 - T_EMP_CARR_XREF _UI

Subsystem	Requirement	Status	Mapped Objects	Change Orders
			TPL-0250-W TPL-0260-W TPL-0270-W TPL-0280-W TPL-0290-M TPL-0430-W TPL-0440-W TPL-1150-W TPL-1180-W TPL-9020-R TPL-9022-R TPL-9023-D TPL-9024-R TPL-9026-R TPL-9028-R TPL-9030-R TPL-9032-R TPL-9034-R TPL-9036-R TPL-9050-R TPL-9080-R TPL-9130-R TPL-9140-R TPL-9145-R TPL-9155-R TPL-9160-R TPL-9200-R TPL-9202-D TPL-9210-R TPL-9212-D TPL-9220-R TPL-9222-D TPL-9300-R TPL-9501-R TPL-9510-R TPL-9511-R TPL-9512-D TPL-9513-R TPL-9514-W	
Third Party Liability	30.050.004.002.19	RV Sign-Off Task		212 - Create KY Operating Procedures
Third Party Liability	30.050.004.002.2	RV Sign-Off CO	TPL.BillingsInformationPage TPL.CasualtyCaseInformation.ascx TPL.CasualtyCaseLetterHistoryPanel.ascx	2577 - New fields Case Tracking Information 245 - Carrier Correspondence 1658 - LG_file modification

Subsystem	Requirement	Status	Mapped Objects	Change Orders
			TPL.CasualtyCaseLetterPanel.ascx TPL.HIPPBaseInformationPanel.ascx TPL.TPLCarrierCorrespondenceAddressPanel.ascx TPL.TPLCarrierPanel.ascx TPL.TPLHippCaseCalculationPanel.ascx TPL.TortfeasorCaseXref TPL.TplArInformationLetterEntityCode.ascx MemberLetterPanel.ascx	2240 - T TPL CDE ENTITY Letter panel 2242 - T_EMP_CARR_XREF_UI 2731 - Panel for T_TPL_LTR_RESP_XREF
Third Party Liability	30.050.004.002.20	RV Sign-Off Task		212 - Create KY Operating Procedures
Third Party Liability	30.050.004.002.21	RV Sign Off	TPL.InformationPage TPL.BaseInformation TPL.ChronoNotesPanel.ascx TPL.CopayDeductible TPL.CoveragePanel.ascx TPL.TPLResourceInformation	
Third Party Liability	30.050.004.002.22	RV Sign-Off Duplicate		
Third Party Liability	30.050.004.002.3	RV Sign Off	TPL.BaseInformation TPL.ChronoNotesPanel.ascx TPL.CoveragePanel.ascx TPL.DependentsOfPolicyPanel.ascx TPL.TPLHippCaseCalculationPanel.ascx TPL.VerificationLetterHistoryPanel.ascx	
Third Party Liability	30.050.004.002.4	RV Sign-Off Task		212 - Create KY Operating Procedures

Subsystem	Requirement	Status	Mapped Objects	Change Orders
Third Party Liability	30.050.004.002.5	RV Sign-Off Task		212 - Create KY Operating Procedures
Third Party Liability	30.050.004.002.6	RV Sign Off	TPL-0001-D TPL-0001-R TPL-0003-M TPL-0004-M TPL-0005-M TPL-0007-R TPL-0009-W TPL-0010-W TPL-0012-R TPL-0014-R TPL-0015-R TPL-0016-M TPL-0017-R TPL-0018-R TPL-0019-R TPL-0020-R TPL-0021-Q TPL-0022-Q TPL-0023-W TPL-0024-M TPL-0025-W TPL-0026-R TPL-0027-M TPL-0030-Q TPL-0033-M TPL-0034-M TPL-0035-R TPL-0036-R TPL-0037-R TPL-0038-M TPL-0039-M TPL-0040-W TPL-0042-Q TPL-0044-W TPL-0050-D TPL-0071-M TPL-0081-W TPL-0082-W TPL-0091-M TPL-0092-M TPL-0093-M TPL-0101-M TPL-0102-M TPL-0103-M TPL-0250-W TPL-0260-W	

Subsystem	Requirement	Status	Mapped Objects	Change Orders
			TPL-0270-W TPL-0280-W TPL-0290-M TPL-3001-M	
Third Party Liability	30.050.004.002.7	RV Sign-Off CO	TPL-0025-W TPL-0026-R TPL-0035-R TPL-0036-R TPL-0037-R TPL-0071-M TPL-9005-M TPL-9009-M	279 - TPL Billing jobs
Third Party Liability	30.050.004.002.8	RV Sign Off	TPL-0023-W TPL-0024-M TPL-0040-W TPL-9008-W	
Third Party Liability	30.050.004.002.9	RV Sign-Off CO	TPL.BillingLetter.acsx .cs TPL-9520-R TPL-9521-W TPL-9522-R	1247 - Member Billing Letter 1246 - Member Billing Follow-Up Letter 1469 - Request billing letters 1467 - Billing follow up process 1258 - Billing Provider Letter
Third Party Liability	30.090.001.002.16B	RV Sign-Off Duplicate	TPL.BaseInformation TPL.CoveragePanel.ascx	
Third Party Liability	30.090.004	Informational		
Third Party Liability	30.090.004.001	Informational		
Third Party Liability	30.090.004.001.1	RV Sign Off		
Third Party Liability	30.090.004.001.10	RV Sign Off		
Third Party Liability	30.090.004.001.2	RV Sign Off	TPLJD001 TPL.BaseInformation TPL.ChronoNotesPanel.ascx TPL.ChronoNotesPa	

Subsystem	Requirement	Status	Mapped Objects	Change Orders
			nel.ascx - HIPP TPL.CoveragePanel. ascx TPL.HIPPLetter TPL.HIPPLetterHistor y TPL.HIPPPaymentEn tity TPL.HIPPPaymentSe tup.ascx TPL.HIPPRecipient TPL.HippInformation Panel TPL.PaymentHistory TPL.PolicyLetterPane l.ascx TPL.PolicyholderPan el.ascx TPL.Search.ascx TPL.SearchResults TPL.TPLEmployerPa nel.ascx TPL.TPLResourceInf ormation TPL.TPLResourceInf ormation.ascx TPL.TplMiniSearchPa nel.ascx TPL.VerificationLetter HistoryPanel.ascx	
Third Party Liability	30.090.004.001.3	RV Sign Off	CIm.ClaimInformationPage.ascx	
Third Party Liability	30.090.004.001.4	RV Sign-Off Duplicate	TPLJD001	
Third Party Liability	30.090.004.001.5	RV Sign-Off CO	TPL.CaseTrackingEx ecutor TPL.CaseTrackingTr ustee TPL-0310-D TPL-0311-D TPL-0330-W	475 - DCR1444-Interf from KAMES Estate 595 - Trustee panel 594 - Executor panel & data list 358 - TPL Interface with KAMES
Third Party Liability	30.090.004.001.6	RV Sign Off		

Subsystem	Requirement	Status	Mapped Objects	Change Orders
Third Party Liability	30.090.004.001.7	RV Sign-Off Task		212 - Create KY Operating Procedures
Third Party Liability	30.090.004.001.8	RV Sign-Off CO	TPL.CaseTrackingClaimsSearchPanel.aspx TPL.CasualtyCaseTrackingClaimPanel TPL.CasualtyCaseTrackingClaimPanel.aspx	598 - Case Tracking Claim Search Panel
Third Party Liability	30.090.004.001.9	RV Sign Off	PTPIICD PTPODEER PTPOICD PTPOJOBS TPLJO005 TPLJO015 TPLJO016.ksh TPLJO017 TPLJO018.ksh TPL-0001-R TPL-0007-R TPL-0012-R TPL-0014-R TPL-0015-R	
Third Party Liability	30.090.004.002	Informational		
Third Party Liability	30.090.004.002.1	RV Sign-Off CO	TPL.InformationPage TPL.AbsentParent TPL.BaseInformation TPL.CaseTrackingExecutor TPL.CaseTrackingTrustee TPL.ChronoNotesPanel.aspx TPL.ChronoNotesPanel.aspx - AR TPL.ChronoNotesPanel.aspx - HIPP TPL.ChronologicalNotesPanel.aspx - Carrier TPL.CoveragePanel.aspx libclmbtch.so libclmcomm.so	1047 - Absent Parent and Employer Xref 1067 - New absent parent/mem xref 1943 - Expansion for Int address tables 2526 - Insurance Agent panel -Intl 2534 - Case Tracking Lien - Intl 2932 - REL2-Journal Voucher UI 2934 - Journal Voucher Batch 268 - Absent Parent Panel 1265 - Create contingency fee table 2525 - Attorney panel - International

Subsystem	Requirement	Status	Mapped Objects	Change Orders
			libclmdntl.so libclmdrvr.so libclmhash.so libclmphrm.so libclmphys.so libclmsys.so libclmub92.so libclmwrite.so tplArHealthsB.xsd	2530 - Absent Parent - Int 2601 - Case Tracking Tortfsr Xref -Intl 2649 - Modify tplh0355.sc for new field 277 - Exhaustion Information 470 - Modify TPL Information panel 687 - Absent Parent 2650 - Modify ps2LuTPL.sc 2933 - Create T_TPL_JRNL_VOUC H 595 - Trustee panel 1049 - Case Information table 1051 - Carr Correspondence change 1054 - Modify carrier table 2528 - Tortfeasor panel -Intl 2931 - Create T_TPL_JRNL_DTL 266 - Chrono Notes 1083 - Create case info xref table 1476 - Core 8816 Benefit Adj Factor 7 2651 - Modify tplh0360.sc for new field 8682 - Root Node Error 594 - Executor panel & data list 1181 - Case Dispositions 2527 - Employer panel - International 2531 - Attorney Firm - Intl 2532 - Case Information -Intl

Subsystem	Requirement	Status	Mapped Objects	Change Orders
				2930 - Mutilple Children table 8491 - Internet Claims Submission Error 1050 - Coverage Xref table changes 1191 - Bill type reference table 1922 - Core 9704 T_REF_UCC 3 2122 - Modify dates on t_tpl_resource 2533 - Case Tracking Attorney -Intl 2648 - Modify tpl0017i.sc for new field 2652 - Modify tpld001o.sc for new field 1394 - New subcontractor table 2058 - TPL Exhaust Ind - CORE 9712 2653 - Modify tplh0378.sc to allow for
Third Party Liability	30.090.004.002.10	RV Sign-Off CO	libevs.so libsoapTPL.so TPL-1210-D	1733 - AVR - Spanlink XML 1151 - Spanlink txn questionnaire rpt 2230 - TPL Letter panel 2234 - AVR - Eligibility XML 2484 - Modify Accident Trauma process
Third Party Liability	30.090.004.002.11	RV Sign-Off CO	TPLJM011 TPLJM012 TPLJM013 TPLJM014 TPLJM020 TPLJM021 TPLJM022 TPLJM030 TPLJM031	2479 - DCR 3108-Do not run Billing Jobs 3226 - REL2-TPL Billing-837 Dental 3225 - REL2-TPL Billing-837 Inpatient 3227 - REL2-TPL Billing-Facsimiles 279 - TPL Billing jobs

Subsystem	Requirement	Status	Mapped Objects	Change Orders
			TPLJM032 TPLJM033 TPLJM034 TPLJM050 TPLJM051 TPLJM060 TPLJM070 TPLJM071 TPLJM073 TPLJM220 TPLJW011 TPLJW012 TPLJW013 TPLJW014 TPLJW041 finp0600 tpl0220m	2483 - Create process to close billings 3186 - REL2-TPL Billing-837 Professiona
Third Party Liability	30.090.004.002.12	RV Sign-Off CO	TPLJM020 TPLJM021 TPLJM022 TPLJM023 TPLJM024 TPLJM072 TPLJM073 TPLJM090 TPLJM103 TPLJW080 TPL-9000-W TPL-9002-W TPL-9004-W	673 - Medicare Rebilling 618 - Paternity Follow-up 408 - TPL Interface to PCG
Third Party Liability	30.090.004.002.13	RV Sign Off	TPL-0023-W TPL-0040-W TPL-3001-M TPL-9008-W	
Third Party Liability	30.090.004.002.14	RV Sign Off	TPL.BillingsInformationPage TPL.CaseInfoPage TPL.CaseSearchPage TPL.CasualtyCaseBaseEditPanel.ascx TPL.CasualtyCaseInformation TPL.CasualtyCaseInformation.ascx TPL.CasualtyCaseMiniSearchPanel.ascx	2266 - REL2-Update Case panel

Subsystem	Requirement	Status	Mapped Objects	Change Orders
			TPL.CasualtyCaseSearchPanel TPL.TplArInformation	
Third Party Liability	30.090.004.002.15	RV Sign-Off CO	TPL.BillingsInformationPage TPL.CaseInfoPage TPL.CaseSearchPage TPL.ARDispositionSearch TPL.ArDispositionSearch.ascx TPL.CaseTrackingClaimsSearchPanel.ascx TPL.CasualtyCaseMiniSearchPanel.ascx TPL.TplArInformation	598 - Case Tracking Claim Search Panel 589 - AR Disp Search - Field Changes
Third Party Liability	30.090.004.002.16	RV Sign-Off CO	TPLJO950 TPL.AdditionalCases TPL.CasualtyCaseSettlementPanel.ascx tpl0950r tpl0951r TPL-0027-M TPL-0030-Q TPL-0034-M TPL-0091-M TPL-0092-M TPL-0093-M TPL-0950-R TPL-0951-R	2200 - TPL Case Recovery 1748 - Additional Cases panel 1076 - REL2-Case Recovery 1181 - Case Dispositions
Third Party Liability	30.090.004.002.17	RV Sign-Off CO	TPL.TPLThresholdPanel.ascx TPL-0620-D TPL-0621-W TPL-0622-W	
Third Party Liability	30.090.004.002.18	RV Sign-Off CO	TPL.CaseInfoPage	266 - Chrono Notes
Third Party Liability	30.090.004.002.19	EDS Met Task	TPLJO003 TPLJO004 TPLJO005 TPLJO015 TPLJO016.ksh	

Subsystem	Requirement	Status	Mapped Objects	Change Orders
Third Party Liability	30.090.004.002.2	RV Sign Off	TPL.BaseInformation TPL.CoveragePanel.ascx TPL.TPLResourceInformation	
Third Party Liability	30.090.004.002.20	RV Sign-Off CO	TPL-0310-D TPL-0311-D TPL-0320-W TPL-0330-W TPL-0420-M TPL-0421-M TPL-0422-M TPL-0490-R TPL-0491-R TPL-0492-R TPL-0500-R TPL-0501-R TPL-0510-R TPL-0511-R TPL-0520-R TPL-0521-R TPL-0530-R TPL-0531-R TPL-0900-R TPL-0901-R	359 - TPL Interface from PCG TPL info 363 - TPL Interface from DEERS 475 - DCR1444-Interf from KAMES Estate 182 - TPL Interface from DCSE 189 - TPL Interface Dept of Personnel 357 - TPL Interface with First Health 360 - TPL Interface with Carrier 246 - TPL Interface from Workers Comp 361 - TPL Interface with SSA-8019-U2 358 - TPL Interface with KAMES 373 - Interface with PCG Billing Info 181 - TPL Interface with MCO
Third Party Liability	30.090.004.002.21	RV Sign-Off CO	TPLJD050 TPLJM038 TPLJM039 TPLJM290 TPLJQ003 TPLJW004 TPLJW005 TPLJW180 TPLJW215 TPLJW250 TPLJW260 TPLJW270 TPLJW280 TPLJW290 TPL.HIPPInformationPage TPL.HIPPSearchPage	2627 - Average Expenditure Manual panel 1231 - Update Average Clms Exp tables 631 - HIPP No Premium report 690 - HIPP Members-Not eligible 691 - HIPP Management report 1234 - HIPP Enroll Notification Form 1238 - HIPP Remittance Statement 3171 - REL2-HIPP Base Information

Subsystem	Requirement	Status	Mapped Objects	Change Orders
			TPL.ChronoNotesPanel.ascx - HIPP TPL.HIPPAverageDiagExpenditure TPL.HIPPBaselInformationPanel.ascx TPL.HIPPCaseMiniSearchPanel.ascx TPL.HIPPInformationPanel.ascx TPL.HIPPLetter TPL.HIPPLetterHistory TPL.HIPPPaymentEntity TPL.HIPPPaymentSetup.ascx TPL.HIPReason TPL.HIPPRecipient TPL.HIPPSearchPanel TPL.HIPPSearchPanel.ascx TPL.HippAverageAidExpenditurePanel.ascx TPL.HippInformationPanel TPL.PaymentHistory TPL.TPLHippCaseCalculationPanel.ascx TPL-0038-M TPL-0039-M TPL-0042-Q TPL-0044-W TPL-0050-D TPL-0250-W TPL-0260-W TPL-0270-W TPL-0280-W TPL-0290-M TPL-0430-W TPL-0440-W TPL-1150-W TPL-1180-W TPL-9020-R TPL-9022-R TPL-9023-D TPL-9024-R	3356 - REL2-HIPP Payment Setup mod

Subsystem	Requirement	Status	Mapped Objects	Change Orders
			TPL-9026-R TPL-9028-R TPL-9030-R TPL-9032-R TPL-9034-R TPL-9036-R TPL-9050-R TPL-9080-R TPL-9130-R TPL-9140-R TPL-9145-R TPL-9155-R TPL-9160-R TPL-9200-R TPL-9202-D TPL-9210-R TPL-9212-D TPL-9220-R TPL-9222-D TPL-9300-R TPL-9501-R TPL-9510-R TPL-9511-R TPL-9512-D TPL-9513-R TPL-9514-W	
Third Party Liability	30.090.004.002.23	RV Sign Off	Ref.TPLServiceClass TPL Matrix by Service Class	
Third Party Liability	30.090.004.002.24	RV Sign Off	TPLJM050 TPLJM051 TPLJM060 TPLJM070 TPLJM071 TPLJM072 TPLJM073 TPLJM090 TPLJM103 TPLJM250 TPLJW240	
Third Party Liability	30.090.004.002.25	RV Sign Off	TPL.BillingsInformationPage	
Third Party Liability	30.090.004.002.3	RV Sign Off	TPL.AddtionalPoliciesPanel.ascx TPL.BaseInformation TPL.CoveragePanel.	

Subsystem	Requirement	Status	Mapped Objects	Change Orders
			ascx	
Third Party Liability	30.090.004.002.4	RV Sign-Off CO	TPL.TPLCarrierCorrespondenceAddressPanel.ascx TPL.TPLCarrierPanel.ascx	245 - Carrier Correspondence 472 - Carrier Information
Third Party Liability	30.090.004.002.5	RV Sign Off	TPL.BillingsInformationPage TPL.CaseInfoPage TPL.CaseSearchPage TPL.InformationPage TPL.RelatedDataPage TPL.SearchPage TPL.ArDispositionSearch.ascx TPL.BillType TPL.CasualtyCaseInformation TPL.ChronoNotesPanel.ascx - AR TPL.TPLARDispAdjPanel.ascx TPL.TPLARHealthPanel.ascx TPL.TPLResourceInformation TPL.TplARInformation TPL.TplArDispsPanel.ascx TPL.TplArInformation	
Third Party Liability	30.090.004.002.6	RV Sign-Off CO	TPL.BillingSearchPage TPL.BillingsInformationPage TPL.CaseInfoPage TPL.CaseSearchPage TPL.InformationPage TPL.RelatedDataPage TPL.RptsPage TPL.SearchPage TPL.ARAAllocationPanel.ascx	591 - AR Panels 2526 - Insurance Agent panel -Intl 2576 - New fields Case T. Base Information 3622 - REL2 - OI Xref Panel 268 - Absent Parent Panel 1254 - Billings Adjustment 2525 - Attorney panel - International 277 - Exhaustion

Subsystem	Requirement	Status	Mapped Objects	Change Orders
			TPL.ARDispositionSe arch TPL.ARSelectedDisp TPL.AbsentParent TPL.AbsentParentEm ployer TPL.AddtionalPolicies Panel.ascx TPL.ArDispositionSe arch.ascx TPL.AttorneyFirm TPL.AttorneyPanel.as cx TPL.BaseInformation TPL.BillType TPL.BillingLetter.acsx .cs TPL.BillingLetterHisto ry.ascx.cs TPL.BillingMedia TPL.CarrierEmployer XrefPanel.ascx TPL.CarriersByEmplo yer TPL.CarriersByMemb er TPL.CaseCollections TPL.CaseInformation TPL.CaseStatus TPL.CaseTrackingAtt orney TPL.CaseTrackingCI aimsSearchPanel.asc x TPL.CaseTrackingEx ecutor TPL.CaseTrackingIns uranceAgent TPL.CaseTrackingLie nInformationPanel.as cx TPL.CaseTrackingTr ustee TPL.CaseType TPL.CasualtyCaseBa seEditPanel.ascx TPL.CasualtyCaseInf ormation TPL.CasualtyCaseInf	Information 470 - Modify TPL Information panel 598 - Case Tracking Claim Search Panel 687 - Absent Parent 1260 - Case Tracking - Ins Agent panel 245 - Carrier Correspondence 585 - Casualty to Case in Panel Names 589 - AR Disp Search - Field Changes 595 - Trustee panel 2243 - Change Letter Generator URL 2528 - Tortfeasor panel -Intl 266 - Chrono Notes 1865 - Case Tracking Claim 594 - Executor panel & data list 1076 - REL2-Case Recovery 2527 - Employer panel - International 472 - Carrier Information 597 - AR Base Info Panel ICN reqd 1197 - Create TPL Bill Type panel 2266 - REL2-Update Case panel 3171 - REL2-HIPP Base Information 190 - Recipient to Member - Panels 473 - Absent Parent Employer 603 - Attorney panel 655 - Case Tracking Claims Srch Result 783 - Case Information

Subsystem	Requirement	Status	Mapped Objects	Change Orders
			ormation.ascx TPL.CasualtyCaseLet terHistoryPanel.ascx TPL.CasualtyCaseLet terPanel.ascx TPL.CasualtyCaseMi niSearchPanel.ascx TPL.CasualtyCaseSe archPanel TPL.CasualtyCaseSe archPanel.ascx TPL.CasualtyCaseSe ttlementPanel.ascx TPL.CasualtyCaseTr ackingClaimPanel TPL.CasualtyCaseTr ackingClaimPanel.as cx TPL.ChronoNotesPa nel.ascx TPL.ChronoNotesPa nel.ascx - AR TPL.ChronoNotesPa nel.ascx - Case TPL.ChronoNotesPa nel.ascx - HIPP TPL.ChronologicalNo tesPanel.ascx - Carrier TPL.ClaimFormType TPL.CopayDeductible TPL.CoveragePanel. ascx TPL.DependentsOfP olicyPanel.ascx TPL.EmployerByCarri er TPL.EmployerCarrier XrefPanel.ascx TPL.EmployersByCar rier TPL.HIPAAAdjustme ntReasonSelection TPL.HIPAARelations hip TPL.HIPAAServiceCo verageTypePanel.asc x TPL.HIPAAServiceTy	

Subsystem	Requirement	Status	Mapped Objects	Change Orders
			pe TPL.HIPPAverageDia gExpenditure TPL.HIPPBaselInform ationPanel.ascx TPL.HIPPLetter TPL.HIPPLetterHistor y TPL.HIPPPaymentEn tity TPL.HIPPPaymentSe tup.ascx TPL.HIPReason TPL.HIPRecipient TPL.HIPSearchPan el TPL.HIPSearchPan el.ascx TPL.HippAverageAid ExpenditurePanel.asc x TPL.HippCaseMiniSe archPanel.ascx TPL.HippInformation Panel TPL.HmoPpoPanel.a scx TPL.InsuranceAgent Panel.ascx TPL.LetterEntityPanel .ascx TPL.LocalHIPAAAdju stmentReason TPL.LocalHIPAARela tionshipCode TPL.MembersByCarri er TPL.OIPlantoCovera ge TPL.Origin TPL.PaymentHistory TPL.Policy Type TPL.PolicyLetterPane l.ascx TPL.PolicyholderPan el.ascx TPL.RecipientsByCar rier TPL.RelatedCases	

Subsystem	Requirement	Status	Mapped Objects	Change Orders
			TPL.RelatedData.ascx TPL.Reports.ascx TPL.Search.ascx TPL.SearchResults TPL.Suspect TPL.TPLARDispAdjPanel.ascx TPL.TPLARHealthPanel.ascx TPL.TPLCarrierCorrespondenceAddressPanel.ascx TPL.TPLCarrierPanel.ascx TPL.TPLEmployerPanel.ascx TPL.TPLHippCaseCalculationPanel.ascx TPL.TPLResourceInformation TPL.TPLResourceInformation.ascx TPL.TPLThresholdPanel.ascx TPL.TortfeasorCaseXref TPL.TortfeasorPanel.ascx TPL.TplARInformation TPL.TplArDispsPanel.ascx TPL.TplArInformation TPL.TplMiniSearchPanel.ascx TPL.VerificationLetterFollowUp TPL.VerificationLetterHistoryPanel.ascx	
Third Party Liability	30.090.004.002.8	RV Sign-Off CO	TPL-0016-M TPL-0033-M TPL-0550-Q TPL-0551-Q TPL-0570-M TPL-0920-M	362 - TPL Cost Avoidance 496 - TPL Claims Denied 432 - TPL Medicare Denied
Third Party	30.090.004.002.9	RV Sign-Off CO	TPLJM011	669 - Retroactive TPL

Subsystem	Requirement	Status	Mapped Objects	Change Orders
Liability			TPLJM012 TPLJM013 TPLJM014 TPLJM030 TPLJM031 TPLJM032 TPLJM033 TPLJM034 TPLJM050 TPLJM051 TPLJM060 TPLJM070 TPLJM071 TPLJM072 TPLJM073 TPLJM103 TPLJM220 TPLJW011 TPLJW012 TPLJW013 TPLJW014 TPLJW041 TPL-0751-M TPL-0770-W TPL-0780-W TPL-0781-W TPL-9009-M	Claims report 676 - Do not run the TPLJM060 1269 - Do not run CHAMPUS billing jobs 3226 - REL2-TPL Billing-837 Dental 3661 - REL2- Modify tpl001a.sc 3225 - REL2-TPL Billing-837 Inpatient 3227 - REL2-TPL Billing-Facsimiles 1208 - Do Not Run TPLJM070 279 - TPL Billing jobs 1211 - Do Not Run TPLJM071 2483 - Create process to close billings
Third Party Liability	30.090.004.003	Informational	CIm.DataCorrectionPage.ascx	3506 - No navigation to return to Adj's
Third Party Liability	30.090.004.003.1	RV Sign Off	TPLJD001 TPLJM005 TPLJM008 TPLJM009 TPLJM090 TPLJM102 TPLJO003 TPLJO005 TPLJO017 TPLJO110 TPLJO490_N TPLJO900_N TPLJQ002 TPLJW010 tpl0415d tpl0645m tpl0745m tpl0830w	359 - TPL Interface from PCG TPL info 445 - TPL Matrix Summary 643 - Carrier Reports 667 - DCR 3148-TPL Trust Rec Claims 669 - Retroactive TPL Claims report 2039 - HIPP Correspondence 3073 - HIPP Past Due Enrollment 35 Days 457 - Questionnaire Error Report 707 - Bill Type reports 1574 - Trust Recovery Processing

Subsystem	Requirement	Status	Mapped Objects	Change Orders
			tpl0890m	2038 - Daily
			tpl0930m	Questionnaires to be
			tpl1050m	print
			tpl1060m	3451 - REL2 - TPL
			tpm0870w.ctl	Recovery by Cov Type
			TPL-0001-D	455 - Cost Savings
			TPL-0001-R	Report
			TPL-0003-M	584 - Medicare Part A
			TPL-0004-M	678 - Billing Records
			TPL-0005-M	Reports
			TPL-0007-R	698 - Non -Attorney
			TPL-0009-W	Casualty reports
			TPL-0010-W	1372 - Billing Closed
			TPL-0012-R	2629 - Create
			TPL-0014-R	Correspondence
			TPL-0015-R	reports
			TPL-0016-M	619 - Child Support
			TPL-0017-R	Recovery
			TPL-0018-R	631 - HIPP No
			TPL-0019-R	Premium report
			TPL-0020-R	690 - HIPP Members-
			TPL-0021-Q	Not eligible
			TPL-0022-Q	784 - TPL Carrier
			TPL-0023-Q	report
			TPL-0023-W	1151 - Spanlink txn
			TPL-0024-M	questionnaire rpt
			TPL-0025-M	1207 - Monthly Carrier
			TPL-0025-W	Billing report
			TPL-0026-Q	1251 - Audit Reports
			TPL-0026-R	8979 - Remove Leads
			TPL-0027-A	Review from TPL rpt
			TPL-0027-M	496 - TPL Claims
			TPL-0027-Q	Denied
			TPL-0028-R	675 - TPL/PCG
			TPL-0029-R	Pending
			TPL-0030-Q	677 - TPL PCG
			TPL-0033-M	Contingency Fee
			TPL-0034-M	report
			TPL-0035-R	691 - HIPP
			TPL-0036-R	Management report
			TPL-0037-R	1053 - Billing Follow-
			TPL-0038-M	up report
			TPL-0039-M	1160 - Carriers
			TPL-0040-W	changed to Inactive
			TPL-0042-Q	1404 - Update
			TPL-0044-W	ps2LuTPL.sc
			TPL-0050-D	2574 - Case Tracking
			TPL-0071-M	Report
			TPL-0081-W	3076 - HIPP Duplicate

Subsystem	Requirement	Status	Mapped Objects	Change Orders
			TPL-0082-W	Active Member IDs
			TPL-0091-M	3079 - Pending HIPP
			TPL-0092-M	Terminations
			TPL-0093-M	3431 - REL2-Update
			TPL-0101-M	Carrier Batch Ranges
			TPL-0102-M	8660 - TPL-1080-M
			TPL-0103-M	410 - Discontinue
			TPL-0250-W	creating report
			TPL-0260-W	581 - Pay and Chase
			TPL-0270-W	582 - Estate, Trust,
			TPL-0280-W	Casualty Recovery
			TPL-0290-M	618 - Paternity Follow-
			TPL-0300-R	up
			TPL-0301-R	697 - Casualty
			TPL-0310-D	Recovery reports
			TPL-0311-D	1052 - TPL Leads
			TPL-0320-W	373 - Interface with
			TPL-0330-W	PCG Billing Info
			TPL-0340-R	432 - TPL Medicare
			TPL-0350-M	Denied
			TPL-0360-M	453 - TPL Exclusions
			TPL-0370-M	Report
			TPL-0370-W	583 - Activity
			TPL-0390-M	Summary
			TPL-0391-M	654 - TPL Member
			TPL-0400-M	Histories
			TPL-0400-W	684 - Estate Recovery
			TPL-0410-W	Reports
			TPL-0411-W	696 - Cases Closed &
			TPL-0415-D	Cases Not Found
			TPL-0420-M	1238 - HIPP
			TPL-0421-M	Remittance Statement
			TPL-0422-M	1413 - TPL Member
			TPL-0430-W	Trust
			TPL-0440-W	2062 - Do not run
			TPL-0490-R	TPLJM102
			TPL-0491-R	2137 - TPL Cases to
			TPL-0492-R	DMS
			TPL-0500-R	2190 - Promote to MO
			TPL-0501-R	433 - Carrier
			TPL-0510-R	Termination
			TPL-0511-R	624 - TPL Resources
			TPL-0520-R	Manually Verified
			TPL-0521-R	695 - TPL PCG
			TPL-0530-R	Contingency reports
			TPL-0531-R	865 - Cash Control
			TPL-0540-R	reports
			TPL-0550-Q	1186 - Weekly Status
			TPL-0551-Q	report

Subsystem	Requirement	Status	Mapped Objects	Change Orders
			TPL-0560-Q TPL-0570-M TPL-0610-D TPL-0620-D TPL-0621-W TPL-0622-W TPL-0630-D TPL-0631-D TPL-0640-W TPL-0641-W TPL-0642-W TPL-0643-W TPL-0650-W TPL-0651-D TPL-0660-W TPL-0740-D TPL-0751-M TPL-0760-M TPL-0770-W TPL-0780-W TPL-0781-W TPL-0810-M TPL-0820-M TPL-0830-W TPL-0840-W TPL-0870-W TPL-0890-M TPL-0900-R TPL-0901-R TPL-0910-Q TPL-0920-M TPL-0930-M TPL-0940-M TPL-0970-M TPL-0971-M TPL-0981-M TPL-0982-M TPL-0990-M TPL-0991-M TPL-1030-M TPL-1031-M TPL-1032-M TPL-1040-M TPL-1041-Q TPL-1042-A TPL-1050-M TPL-1051-Q TPL-1052-A TPL-1060-M	3103 - Cost Avoidance Report For PCG

Subsystem	Requirement	Status	Mapped Objects	Change Orders
			TPL-1061-Q TPL-1062-A TPL-1063-M TPL-1070-M TPL-1071-Q TPL-1072-A TPL-1080-M TPL-1081-M TPL-1082-M TPL-1083-Q TPL-1084-Q TPL-1085-Q TPL-1086-A TPL-1087-A TPL-1088-A TPL-1110-R TPL-1111-R TPL-1112-R TPL-1113-R TPL-1120-Q TPL-1140-W TPL-1150-W TPL-1180-W TPL-1185-D TPL-1190-W TPL-1210-D TPL-1230-R TPL-1240-R TPL-1250-M	
Third Party Liability	30.090.004.003.2	RV Sign-Off CO	Clm.ClaimInformationPage.ascx Clm.DataCorrectionPage.ascx TPL.BillingsInformationPage TPL.CaseInfoPage TPL.CaseSearchPage TPL.InformationPage TPL.RelatedDataPage TPL.SearchPage TPL.ARAllocationPanel.ascx TPL.ARDispositionSearch TPL.ARSelectedDisposition TPL.AbsentParent	591 - AR Panels 1047 - Absent Parent and Employer Xref 1067 - New absent parent/mem xref 1966 - Attorney Xref Table 2200 - TPL Case Recovery 2526 - Insurance Agent panel -Intl 2932 - REL2-Journal Voucher UI 3090 - REL2-HIPP Payment History 3515 - REL2-DCR3175-Mod Case Rec Base 3622 - REL2 - OI Xref

Subsystem	Requirement	Status	Mapped Objects	Change Orders
			TPL.AbsentParentEmployer	Panel 268 - Absent Parent
			TPL.AdditionalPoliciesPanel.ascx	Panel 1254 - Billings
			TPL.ArDispositionSearch.ascx	Adjustment 1265 - Create
			TPL.AttorneyFirm	contingency fee table
			TPL.AttorneyPanel.ascx	1373 - Chrono Note field length
			TPL.BaseInformation	1813 - Case Tracking
			TPL.BillType	Report Button
			TPL.BillingLetter.acsx.cs	1964 - Attorney Firm Name Table
			TPL.BillingLetterHistory.ascx.cs	2525 - Attorney panel - International
			TPL.BillingMedia	3458 - REL2-Manual
			TPL.BillingStatus	Refund Letter
			TPL.CarrierEmployerXrefPanel.ascx	3469 - REL2-Attorney panel - New field
			TPL.CarriersByEmployer	3493 - REL2-Billing Recovery
			TPL.CarriersByMember	277 - Exhaustion Information
			TPL.CaseCollections	470 - Modify TPL
			TPL.CaseInformation	Information panel
			TPL.CaseStatus	598 - Case Tracking
			TPL.CaseTrackingAttorney	Claim Search Panel 687 - Absent Parent
			TPL.CaseTrackingClaimsSearchPanel.ascx	1260 - Case Tracking - Ins Agent panel 1466 - Request Case Letter
			TPL.CaseTrackingExecutor	1748 - Additional
			TPL.CaseTrackingInsuranceAgent	Cases panel 1815 - Case Search
			TPL.CaseTrackingTrustee	Panel 2523 - Fix
			TPL.CaseType	ClaimSearchPanel
			TPL.CasualtyCaseBaseEditPanel.ascx	3405 - REL2-TPL Base Information
			TPL.CasualtyCaseInformation	3959 - REL2-Case Recovery Mod
			TPL.CasualtyCaseInformation.ascx	245 - Carrier Correspondence
			TPL.CasualtyCaseLetterHistoryPanel.ascx	585 - Casualty to Case in Panel Names
			TPL.CasualtyCaseLetterPanel.ascx	589 - AR Disp Search - Field Changes
			TPL.CasualtyCaseMi	595 - Trustee panel

Subsystem	Requirement	Status	Mapped Objects	Change Orders
			niSearchPanel.ascx TPL.CasualtyCaseSe archPanel TPL.CasualtyCaseSe archPanel.ascx TPL.CasualtyCaseSe ttlementPanel.ascx TPL.CasualtyCaseTr ackingClaimPanel TPL.CasualtyCaseTr ackingClaimPanel.as cx TPL.ChronoNotesPa nel.ascx TPL.ChronoNotesPa nel.ascx - AR TPL.ChronoNotesPa nel.ascx - Case TPL.ChronoNotesPa nel.ascx - HIPP TPL.ChronologicalNo tesPanel.ascx - Carrier TPL.ClaimFormType TPL.CopayDeductible TPL.CoveragePanel. ascx TPL.DependentsOfP olicyPanel.ascx TPL.EmployerByCarri er TPL.EmployerCarrier XrefPanel.ascx TPL.EmployersByCar rier TPL.HIPAAAdjustme ntReasonSelection TPL.HIPAARelations hip TPL.HIPAAServiceCo verageTypePanel.asc x TPL.HIPAAServiceTy pe TPL.HIPPAverageDia gExpenditure TPL.HIPPBaselInform ationPanel.ascx TPL.HIPPCaseMiniS	1049 - Case Information table 1051 - Carr Correspondence change 1054 - Modify carrier table 1469 - Request billing letters 1658 - LG_file modification 2243 - Change Letter Generator URL 2528 - Tortfeasor panel -Intl 266 - Chrono Notes 1083 - Create case info xref table 1865 - Case Tracking Claim 3404 - REL2-Member Letter History Panel 3436 - REL2-Billing Status 3517 - REL2-Modify Case Tracking 594 - Executor panel & data list 1076 - REL2-Case Recovery 1377 - Add bill type code to panels 2241 - T TPL Letter Entity Panel 2527 - Employer panel - International 2580 - Misc TPL CO 3470 - REL2-Case Track Atty-New Field 3794 - REL2-Journal Voucher DataCapture 472 - Carrier Information 597 - AR Base Info Panel ICN reqd 1050 - Coverage Xref table changes 1191 - Bill type reference table

Subsystem	Requirement	Status	Mapped Objects	Change Orders
			earchPanel.ascx TPL.HIPPIInformation Panel.ascx TPL.HIPPLetter TPL.HIPPLetterHistor y TPL.HIPPPaymentEn tity TPL.HIPPPaymentSe tup.ascx TPL.HIPReason TPL.HIPRecipient TPL.HIPSearchPan el TPL.HIPSearchPan el.ascx TPL.HippAverageAid ExpenditurePanel.asc x TPL.HippInformation Panel TPL.HmoPpoPanel.a scx TPL.InsuranceAgent Panel.ascx TPL.JournalVoucherI nformation TPL.LetterEntityPanel .ascx TPL.LocalHIPAAAdju stmentReason TPL.LocalHIPAARela tionshipCode TPL.MemberLetterHi story.ascx TPL.MembersByCarri er TPL.OIPlantoCovera ge TPL.Origin TPL.PaymentHistory TPL.Policy Type TPL.PolicyLetterPane l.ascx TPL.PolicyholderPan el.ascx TPL.RelatedCases TPL.RelatedData.asc x	1197 - Create TPL Bill Type panel 2266 - REL2-Update Case panel 3171 - REL2-HIPP Base Information 190 - Recipient to Member - Panels 473 - Absent Parent Employer 603 - Attorney panel 655 - Case Tracking Claims Srch Result 783 - Case Information 1394 - New subcontractor table 2465 - Fix Solution File 2473 - Fix lc.MMIS.template 2628 - T_EMP_CARR_XREF _UI 3260 - REL2-Entity Letter panel

Subsystem	Requirement	Status	Mapped Objects	Change Orders
			TPL.Reports.ascx TPL.Search.ascx TPL.SearchResults TPL.Suspect TPL.TPLARDispAdjPanel.ascx TPL.TPLARHealthPanel.ascx TPL.TPLCarrierCorrespondenceAddressPanel.ascx TPL.TPLCarrierPanel.ascx TPL.TPLEmployerPanel.ascx TPL.TPLHippCaseCalculationPanel.ascx TPL.TPLResourceInformation TPL.TPLResourceInformation.ascx TPL.TPLThresholdPanel.ascx TPL.TortfeasorCaseXref TPL.TortfeasorPanel.ascx TPL.TplARInformation TPL.TplArDispsPanel.ascx TPL.TplArInformation TPL.TplMiniSearchPanel.ascx TPL.VerificationLetterFollowUp TPL.VerificationLetterHistoryPanel.ascx TPL.VoucherAmounts TPLAbsentParentMemberXref	
Third Party Liability	30.090.004.003.3	RV Sign-Off CO	TPLJD024 TPLJD035 TPLJD084 TPLJD086 TPLJD200 TPLJW020	1182 - Case Insurance Data Share Letter 1227 - Case Trust Recovery Letter 1247 - Member Billing Letter

Subsystem	Requirement	Status	Mapped Objects	Change Orders
			paupr142 tpl0086d TPL-9000-W TPL-9001-W TPL-9002-W TPL-9003-W TPL-9004-W TPL-9005-M TPL-9007-W TPL-9008-W TPL-9009-M TPL-9010-W TPL-9011-Q TPL-9012-W TPL-9013-W TPL-9014-W TPL-9015-D TPL-9017-D TPL-9020-R TPL-9022-R TPL-9023-D TPL-9024-R TPL-9026-R TPL-9028-R TPL-9030-R TPL-9032-R TPL-9034-R TPL-9036-R TPL-9050-R TPL-9080-R TPL-9130-R TPL-9140-R TPL-9145-R TPL-9155-R TPL-9160-R TPL-9200-R TPL-9202-D TPL-9210-R TPL-9212-D TPL-9220-R TPL-9222-D TPL-9300-R TPL-9501-R TPL-9510-R TPL-9511-R TPL-9512-D TPL-9513-R TPL-9515-R TPL-9516-D	1250 - Case Estate Recvry Probate Ltr 1673 - Casualty Insur Agnt Ltr Followup 1820 - Policy Release Form 3112 - Member Letter Followup 3115 - Member Verification FLUP Batch 1249 - Case Estate Recovery Ltr 2170 - Case Acc Trauma More Info 2 2765 - Do Not Run TPLJM004 3528 - REL2- DCR2980-TPL-9011- Q Contact 1225 - Trust Recovery Receipt Letter 1259 - Billing Member Questionnaire 1466 - Request Case Letter 1666 - Case Accident Trauma Rqest Ltr 1698 - Change Cost Avoid Letter 9005 1819 - Billing Claim Form Letter 3116 - Accident Trauma Followup 3251 - REL2- T_TPL_LETTER_ENT ITY mod 4036 - REL2- DCR3235-Chg PCG to HMS-Ltrs 690 - HIPP Members- Not eligible 1226 - CaseTrust Recery Refund Letter 1246 - Member Billing Follow-Up Letter 1469 - Request billing letters 2327 - Member and

Subsystem	Requirement	Status	Mapped Objects	Change Orders
			TPL-9517-R TPL-9518-R TPL-9519-R TPL-9520-R TPL-9521-W TPL-9522-R TPL-9523-R TPL-9524-D TPL-9530-R TPL-9535-R TPL-9540-R TPL-9550-R TPL-9551-R TPL-9552-R TPL-9560-R TPL-9565-R TPL-9570-R	Provider Billing LTRS 3117 - Accident Trauma Batch FLUP 1234 - HIPP Enroll Notification Form 1667 - Case Manual Check Refund letter 1670 - CaseTrackingMultMe mAff 1671 - Casualty Attorney Letter 2654 - KAMES Requirements 9007 3252 - REL2- T_TPL_CDE_LETTER mod 1236 - Enroll Form Rqst Followup Letter 1668 - CaseTrackingSingleM emAff 1669 - CaseTrackingBirthing Aff 1235 - Enroll Form Rqst Letter 1237 - No Premium Rqst Rcvd Letter 1245 - Absent Parent Questionnaire 1467 - Billing follow up process 1662 - Case Accident Trauma Lter/Qstion 1672 - Casualty Insur. Agent Letter 2127 - Create Probate Court Table 3109 - Insurance Verification Letter 3166 - REL2- T_TPL_LTR_RESP_X REF 1248 - Case Estate Recovery Stmt 1258 - Billing Provider Letter 1479 - FollowUp

Subsystem	Requirement	Status	Mapped Objects	Change Orders
				Absent Parent Qstnaire 2002 - Casualty FollowUp Rewrite 3111 - Insurance Verification Followup 3260 - REL2-Entity Letter panel 3352 - REL2- Acc/Trauma Add. Follow Up 3459 - REL2-TPL Follow up Letters- Batch 4262 - Rel 2 - HIPP follow up letters
Third Party Liability	30.090.004.003.4	RV Sign-Off CO	TPLJM030 TPLJM031 TPLJM032 TPLJM050 TPLJM051 TPLJM073 TPLJM103 TPLJW041 TPL-0026-R TPL-0035-R TPL-0036-R TPL-0037-R	279 - TPL Billing jobs
Third Party Liability	30.090.004.003.5	RV Sign-Off CO	TPLJW310 TPL-0490-R TPL-0491-R TPL-0492-R TPL-0500-R TPL-0501-R TPL-0510-R TPL-0511-R TPL-0520-R TPL-0521-R TPL-0530-R TPL-0531-R TPL-0540-R TPL-0900-R TPL-0901-R TPL-1140-W	359 - TPL Interface from PCG TPL info 624 - TPL Resources Manually Verified
Third Party Liability	30.090.004.003.6	RV Sign-Off CO	TPLJO020	495 - DCSE Court Ordered Canceled Ind

Subsystem	Requirement	Status	Mapped Objects	Change Orders
Third Party Liability	30.090.004.003.7	RV Sign Off		1999 - TPL Resource file to PCG 2000 - TPL Carrier file to PCG 2190 - Promote to MO
Third Party Liability	30.090.004.004	Informational		
Third Party Liability	30.090.004.004.1	RV Sign-Off CO	TPLJO003 TPL-0007-R TPL-0560-Q	246 - TPL Interface from Workers Comp
Third Party Liability	30.090.004.004.2	Deferred		189 - TPL Interface Dept of Personnel
Third Party Liability	30.090.004.004.3	RV Sign-Off CO	TPLJM300 TPL-0420-M TPL-0421-M TPL-0422-M	182 - TPL Interface from DCSE 364 - TPL Interface to DCSE
Third Party Liability	30.090.004.004.4	RV Sign-Off CO	PTPODEER TPLJO004 TPLJO005 jck.385 TPL-0001-R TPL-0012-R	363 - TPL Interface from DEERS 475 - DCR1444-Interf from KAMES Estate 1275 - Do not run TPLJO004
Third Party Liability	30.090.004.004.5	RV Sign-Off CO	TPLJD060 TPLJM170 TPLJO015 TPLJO016.ksh TPLJO017 TPLJO018.ksh TPL-0310-D TPL-0311-D TPL-0320-W TPL-0330-W	475 - DCR1444-Interf from KAMES Estate 357 - TPL Interface with First Health 360 - TPL Interface with Carrier 361 - TPL Interface with SSA-8019-U2 358 - TPL Interface with KAMES 1264 - TPL interface with DCBS 3448 - REL2-Modify DSI interface files
Third Party Liability	30.090.004.004.6	RV Sign-Off CO	TPLBMNTH TPLJB080 TPLJD080 TPLJM079 TPLJQ020	3398 - REL2-Don't run TPLJQ020 181 - TPL Interface with MCO

Subsystem	Requirement	Status	Mapped Objects	Change Orders
Third Party Liability	30.090.004.004.7	RV Sign-Off CO	TPLJM020 TPLJM021 TPLJM022 TPLJM023 TPLJM140 TPLJM141 TPLJM310 TPLJO110 TPLJO1230_N TPLJO1230_Y TPLJO490_N TPLJO490_Y TPLJO500_N TPLJO500_Y TPLJO510_N TPLJO510_Y TPLJO520_N TPLJO520_Y TPLJO530_N TPLJO530_Y TPLJO900_N TPLJO900_Y Ref.ReportDestination TPL-0490-R TPL-0491-R TPL-0492-R TPL-0500-R TPL-0501-R TPL-0510-R TPL-0511-R TPL-0520-R TPL-0521-R TPL-0530-R TPL-0531-R TPL-0540-R TPL-0550-Q TPL-0551-Q TPL-0900-R TPL-0901-R TPL-0940-M TPL-1110-R TPL-1111-R TPL-1112-R TPL-1113-R TPL-1230-R TPL-1240-R	359 - TPL Interface from PCG TPL info 8545 - Filter Carrier Code File Legacy 3072 - Modify Interface FTP directory 3544 - REL2-DCR3167-Don't run TPLJM310 3431 - REL2-Update Carrier Batch Ranges 8841 - Report Distribution modification 373 - Interface with PCG Billing Info 2190 - Promote to MO 3705 - Rel 2- DCR-13218 PCG Interf Edit 408 - TPL Interface to PCG 8554 - TPL Reports to be FTP to HMS

Subsystem	Requirement	Status	Mapped Objects	Change Orders
Third Party Liability	30.100.004	No mapping required		
Third Party Liability	30.100.004.001	No mapping required		
Third Party Liability	30.100.004.002	No mapping required		
Third Party Liability	30.100.004.003	No mapping required		
Third Party Liability	30.100.004.004	No mapping required		
Third Party Liability	30.100.004.005	No mapping required		
Third Party Liability	30.100.004.006	No mapping required		
Third Party Liability	30.110.004	Informational		
Third Party Liability	30.110.004.001	RV Sign-Off CO	TPLJW001 TPLJW080 TPLJW081 TPLJW082 TPLJW083 TPLJW100 TPLJW101 TPLJW102 TPLJW103 TPL-0610-D TPL-0620-D TPL-0621-W TPL-0622-W TPL-0630-D TPL-0631-D	667 - DCR 3148-TPL Trust Rec Claims 654 - TPL Member Histories
Third Party Liability	30.110.004.002	RV Sign Off	TPLJW001 TPLJW002	
Third Party Liability	30.110.004.003	RV Sign Off		
Third Party Liability	30.110.004.004	RV Sign Off		
Third Party Liability	30.110.004.005	RV Sign Off		

Subsystem	Requirement	Status	Mapped Objects	Change Orders
Third Party Liability	30.110.004.006	RV Sign Off		
Third Party Liability	30.110.004.007	RV Sign Off		
Third Party Liability	30.110.004.008	RV Sign Off		
Third Party Liability	30.110.004.009	RV Sign Off		

2.12 Change Orders

Note: Change Orders with a status of "Cancelled" at the time this document was prepared are not included in this document.

2.12.1 Recipient to Member - Reports - 155

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
155	Change Order		Third Party Liability	90.00		2

2.12.1.1 Desired Solution

System wide changes needs to be performed to change every instance of Recipient to Member where viewable by the user.

This system wide change was identified during the Member Management RV and JAD sessions held on 06/13/2005 - 06/17/2005. During GSD review period, a number of standards were identified, namely changing DOB to Date of Birth, Provider ID to Provider Number, county code to three character positions and so on. These standards apply to all reports listed in this Change Order.

2.12.1.2 Business Impact

Meet the Commonwealth's business needs.

2.12.1.3 Technical Specifications

For the attached reports, change every instance of 'Recipient', 'Recip', 'RID' to 'Member' or 'MID' where appropriate.

TPL-3001-M - add 'TPL' to header of report.

Other change orders take care of this change as well for the following reports:

- TPL-0023-W Report Potential TPL for Follow-Up CO 1052 includes this change
- TPL-0025-M Report Retroactive TPL CO 581 includes this change
- TPL-0025-W Report Pay and Chase - Court Ordered CO 581 includes this change
- TPL-0026-R Report Pharmacy Billing Facsimile CO 279 includes this change
- TPL-0027-A Report Case Collections Annual CO 582 includes this change
- TPL-0027-M Report Case Collections CO 582 includes this change
- TPL-0027-Q Report Case Collections Quarterly CO 582 includes this change
- TPL-0035-R Report UB-92 Billing Facsimile CO 279 includes this change
- TPL-0036-R Report Dental Billing Facsimile CO 279 includes this change
- TPL-0071-M Report Medicare Recovery CO 581 includes this change

2.12.1.4 Clarifications

Note: County has been changed to 10 bytes.

2.12.1.5 Associated Requirements

Requirement ID	Type
30.050.001U	RFP Split Requirement
30.090.004.003.1	TPL Reports Letters

2.12.1.6 Associated System Objects

Technical Name	Object Type	Title
TPL-0025-W	Report	Pay and Chase - Court Ordered
TPL-0039-M	Report	HIPP Members for Cost Effectiveness Review
TPL-0042-Q	Report	HIPP Cost-Effectiveness - Quarterly Analysis
TPL-0027-A	Report	Case Collections Annual
TPL-0026-R	Report	Pharmacy Billing Facsimile
TPL-0024-M	Report	Verification Letter Follow-Up - online
TPL-0036-R	Report	Dental Billing Facsimile
TPL-3001-M	Report	TPL Possible Medicare Eligibles
TPL-0071-M	Report	Medicare Recovery
TPL-0082-W	Report	Questionnaires With No Response By County
TPL-0019-R	Report	Members By Carrier - online
TPL-0027-M	Report	Case Collections
TPL-0005-M	Report	TPL Case Review By Analyst
TPL-0020-R	Report	Carriers By Member - online
TPL-0035-R	Report	UB-92 Billing Facsimile
TPL-0009-W	Report	Accident Trauma
TPL-0044-W	Report	TPL HIPP Policies For Follow-up
TPL-0040-W	Report	837 Transactions Discrepancy
TPL-0027-Q	Report	Case Collections Quarterly
TPL-0038-M	Report	HIPP Monthly Payment Detail
TPL-0029-R	Report	TPL Case Tracking - Case Description
TPL-0023-W	Report	Potential TPL for Follow-Up
TPL-0081-W	Report	Questionnaires With No Response By Member

Technical Name	Object Type	Title
TPL-0025-M	Report	Retroactive TPL

2.12.1.7 Change Order Status

Status	Date
Issue Identified	06/22/2005
Sign-Off Requested	09/30/2005
Change Order Written	12/02/2005
Ready for Construction Walkthrough	08/21/2006
Ready for Model Office	08/21/2006
Model Office Implemented	08/25/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.2 TPL Interface with MCO - 181

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
181	Change Order		Third Party Liability	81.00		2

2.12.2.1 Desired Solution

Accept a monthly file from the MCO and pass on to the TPL Contractor.

Create a process to create and send the carrier text file.

Create a process to create and send the TPL Resource file.

2.12.2.2 Business Impact

Meet the Commonwealth's business needs.

2.12.2.3 Technical Specifications

Create the TPL Carrier file to send Passport.

Create the Member TPL Changes files to send Passport (monthly, daily and recon).

2.12.2.4 Clarifications

No associated clarifications found.

2.12.2.5 Associated Requirements

Requirement ID	Type
30.050.004.002.10	RFP Requirement
30.090.004.002.20	RFP Requirement
30.090.004.004.6	Interfaces - Incoming

2.12.2.6 Associated System Objects

Technical Name	Object Type	Title
TPLJB080	Batch Job	Create TPL Resource File to MCO (recon)
TPLJM079	Batch Job	Create TPL Resource File to MCO (monthly)
TPLBMNTH	Batch Job	TPL Bi-monthly System job
TPLJQ020	Batch Job	Create Carrier Text File to MCO
TPLJD080	Batch Job	Create TPL Resource File to MCO (daily)

2.12.2.7 Change Order Status

Status	Date
Issue Identified	06/30/2005
Sign-Off Requested	10/06/2005
SE Assigned	03/06/2006

Status	Date
Technical Design In Progress (obsolete)	03/06/2006
Ready for Tech Walkthrough	03/06/2006
Resource Assigned for Construction (obsolete)	03/06/2006
Construction in Progress	03/06/2006
Ready for Construction Walkthrough	03/07/2006
Ready for Model Office	03/27/2006
Model Office Implemented	05/25/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.3 TPL Interface from DCSE - 182

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
182	Change Order		Third Party Liability	146.00		2

2.12.3.1 Desired Solution

Add functionality to perform Absent Parent data match with Division of Child Support Enforcement.

Create a process to accept Absent Parent information from DCSE.

After processing Absent Parent file create a copy of the file and FTP to PCG.

2.12.3.2 Business Impact

Meet the Commonwealth's business needs.

2.12.3.3 Technical Specifications

This process needs to create three reports: Adds, Updates and Errors.

Read the file from DCSE and add/update the absent parent information.

Create Absent Parent questionnaires as appropriate.

2.12.3.4 Clarifications

Cliff (DMS) provided the mock up for the Member Base screen for home address and language code. The mock up is attached to the PWB in an email from Cliff.

2.12.3.5 Associated Requirements

Requirement ID	Type
30.050.004.002.10	RFP Requirement
30.090.004.002.20	RFP Requirement
30.090.004.003.1	TPL Reports Letters
30.090.004.004.3	Interfaces - Incoming

2.12.3.6 Associated System Objects

Technical Name	Object Type	Title
TPL-0421-M	Report	DCSE Datamatch Report - Resource Records Updated
TPL-0422-M	Report	DCSE Datamatch Report - Error
TPL-0420-M	Report	DCSE Datamatch Report - Resource Records Added

2.12.3.7 Change Order Status

Status	Date
Issue Identified	06/30/2005
Sign-Off Requested	10/06/2005

Status	Date
Change Order Written	12/05/2005
SE Assigned	02/07/2006
Technical Design In Progress (obsolete)	02/07/2006
Construction in Progress	02/09/2006
Ready for Construction Walkthrough	02/16/2006
Ready for Model Office	02/24/2006
Model Office Implemented	06/16/2006
Construction in Progress	06/27/2006
Ready for Construction Walkthrough	07/05/2006
Ready for Model Office	07/10/2006
Model Office Implemented	07/14/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.4 TPL Interface Dept of Personnel - 189

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
189	Change Order		Third Party Liability			1

2.12.4.1 Desired Solution

Add functionality to perform Department of Personnel data match.

2.12.4.2 Business Impact

Meet the Commonwealth's business needs.

2.12.4.3 Technical Specifications

This process needs to create three reports: Adds, Updates and Errors.

2.12.4.4 Clarifications

Deferred until an agreement is reached between the Commonwealth and the Dept of Personnel.

2.12.4.5 Associated Requirements

Requirement ID	Type
30.050.004.002.10	RFP Requirement
30.090.004.002.20	RFP Requirement
30.090.004.004.2	Interfaces - Incoming

2.12.4.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.4.7 Change Order Status

Status	Date
Deferred	07/02/2005

2.12.5 Recipient to Member - Panels - 190

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
190	Change Order		Third Party Liability	123.00		1

2.12.5.1 Desired Solution

1. System wide changes need to be performed to change every instance of Recipient to Member where viewable by the user.

2. Change Current ID to Member ID

3. Remove Budget ID

2.12.5.2 Business Impact

Meet the Commonwealth's business needs.

2.12.5.3 Technical Specifications

1. Change every instance of Recipient to Member where viewable by the user on the panels associated below.

2. Change Current ID field to Member ID in every panel where viewable by the user.

3. Remove the field Budget ID from all panels.

2.12.5.4 Clarifications

Recipient is been replaced by Member.

2.12.5.5 Associated Requirements

Requirement ID	Type
30.020.002	RFP Requirement
30.050.001U	RFP Split Requirement
30.090.003.002.2	Web Page
30.090.004.002.6	Web Page
30.090.004.003.2	Web Page

2.12.5.6 Associated System Objects

Technical Name	Object Type	Title
TPL.HIPPRecipient	Panel	HIPP Case Members
TPL.Search.ascx	Panel	Search
TPL.SearchResults	Panel	Search Results
TPL.CasualtyCaseInformation	Panel	Case Tracking Maintenance
TPL.CasualtyCaseSettlementPanel.ascx	Panel	Case Recovery
TPL.HIPPCaseMiniSearchPanel.ascx	Panel	HIPP Case Mini Search

Technical Name	Object Type	Title
TPL.TplMiniSearchPanel.ascx	Panel	TPL Mini Search
TPL.DependentsOfPolicyPanel.ascx	Panel	Dependents of Policy
TPL.CasualtyCaseSearchPanel	Panel	Case Search Results
TPL.CasualtyCaseBaseEditPanel.ascx	Panel	Case Tracking Base Information
TPL.TPLARHealthPanel.ascx	Panel	Billing Base Information
TPL.CarriersByMember	Panel	Reports - Carriers By Member
TPL.ARDispositionSearch	Panel	Billings Search Results
TPL.HIPPInformationPanel.ascx	Panel	HIPP Case Information
TPL.CasualtyCaseSearchPanel.ascx	Panel	Case Search
TPL.HIPPPaymentEntity	Panel	HIPP Case Payment Entity
TPL.ARSelectedDisp	Panel	Billing Disposition Selection
TPL.HIPPSearchPanel	Panel	HIPP Case Search Results
TPL.CasualtyCaseTrackingClaimPanel	Panel	Case Tracking Claims Search Results
TPL.TplArDispsPanel.ascx	Panel	Billing Disposition Summary
TPL.BaseInformation	Panel	TPL Base Information
TPL.HippInformationPanel	Panel	HIPP Case Maintenance
TPL.RelatedCases	Panel	Related Cases
TPL.PaymentHistory	Panel	HIPP Case Payment History
TPL.TPLResourceInformation.ascx	Panel	TPL Information
TPL.AbsentParentEmployer	Panel	Other-Absent Parent Employer
TPL.HIPPSearchPanel.ascx	Panel	HIPP Case Search
TPL.CasualtyCaseTrackingClaimPanel.ascx	Panel	Case Tracking Claim
TPL.CaseTrackingClaimsSearchPanel.ascx	Panel	Case Tracking Claims Search
TPL.TplARInformation	Panel	Billing Information
TPL.CasualtyCaseInformation.ascx	Panel	Case Tracking Information
TPL.ArDispositionSearch.ascx	Panel	Billings Search

2.12.5.7 Change Order Status

Status	Date
Issue Identified	07/02/2005
Sign-Off Requested	09/30/2005
Construction in Progress	05/12/2006
Ready for Model Office	05/12/2006
Model Office Implemented	09/21/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.6 Carrier Correspondence - 245

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
245	Change Order		Third Party Liability	41.00		2

2.12.6.1 Desired Solution

Add correspondence phone number to Carrier information.

Add address type and develop edits for both domestic and foreign .

2.12.6.2 Business Impact

Meet the Commonwealth's business needs.

2.12.6.3 Technical Specifications

Add the field correspondence phone

Correspondence Phone

For Domestic/Foreign, you can look at CO 149 (CO 149 SPECS). Add the country code field as a drop-down list on the address form above Address 1. If a country code is chosen which has the IND_INT_ADDRESS indicator = `Y', then show an extra address line for the international address (make it required). The entire city, state, zip and country are entered into the new international address field.

If a country code is chosen which has the IND_INT_PHONE= `Y', then replace phone and fax with the international numbers. Keep the extension available. The entire international phone number including country code, city code and number are entered into the international phone number field.

2.12.6.4 Clarifications

No associated clarifications found.

2.12.6.5 Associated Requirements

Requirement ID	Type
30.050.004.002.2	Web Page
30.090.004.002.4	TPL Resource HIPP Maintenance
30.090.004.002.6	Web Page
30.090.004.003.2	Web Page

2.12.6.6 Associated System Objects

Technical Name	Object Type	Title
TPL.TPLCarrierCorrespondenceAddressPanel.ascx	Panel	Other-Correspondence Address

2.12.6.7 Change Order Status

Status	Date
Issue Identified	07/13/2005

Status	Date
Sign-Off Requested	10/07/2005
Change Order Written	01/05/2006
Construction in Progress	03/14/2006
Ready for Model Office	03/17/2006
Model Office Implemented	10/16/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.7 TPL Interface from Workers Comp - 246

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
246	Change Order		Third Party Liability	24.00		1

2.12.7.1 Desired Solution

Modify interface with Department of Workers' Claims in the Commonwealth Labor Cabinet. Do not run. Accept the tape from Worker's comp, but do not process; send to PCG.

2.12.7.2 Business Impact

Meet the Commonwealth's business needs.

2.12.7.3 Technical Specifications

This is an on-request job. If it is never requested, it never gets added to our autosys cycle.

2.12.7.4 Clarifications

jil (job stream) PTPOJOBS is loaded to AutoSys, but never run. This satisfies the stated purpose of this CO.

Forwarding the tape to PCG is a manual process and is part of the documented tasks for the TPL Unit.

2.12.7.5 Associated Requirements

Requirement ID	Type
30.050.004.002.10	RFP Requirement
30.090.004.002.20	RFP Requirement
30.090.004.004.1	Interfaces - Incoming

2.12.7.6 Associated System Objects

Technical Name	Object Type	Title
TPLJO003	Batch Job	Worker's Compensation Data Match Report

2.12.7.7 Change Order Status

Status	Date
Issue Identified	07/13/2005
Sign-Off Requested	10/06/2005
Change Order Written	01/12/2006
SE Assigned	01/12/2006
Technical Design In Progress (obsolete)	01/12/2006
Ready for Tech Walkthrough	01/16/2006
Design Complete	01/16/2006

Status	Date
Ready for Model Office	01/16/2006
Model Office Implemented	06/02/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.8 Chrono Notes - 266

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
266	Change Order		Third Party Liability	82.00		1

2.12.8.1 Desired Solution

Increase the note field of Case Chronological Note table from 100 to 500

2.12.8.2 Business Impact

Meet the Commonwealth's business needs.

2.12.8.3 Technical Specifications

Increase the T_CHRONO_NOTES.DSC_TEXT_LINE field from 100 to 500 bytes.

2.12.8.4 Clarifications

Modified to increase to 4000.

2.12.8.5 Associated Requirements

Requirement ID	Type
30.090.004.002.1	TPL Resource HIPPA Maintenance
30.090.004.002.18	TPL Recovery Cases
30.090.004.002.6	Web Page
30.090.004.003.2	Web Page

2.12.8.6 Associated System Objects

Technical Name	Object Type	Title
TPL.ChronoNotesPanel.ascx - HIPPA	Panel	HIPPA Case Chronological Note
TPL.ChronoNotesPanel.ascx	Panel	Chronological Note

2.12.8.7 Change Order Status

Status	Date
Issue Identified	07/19/2005
Ready for Tech Walkthrough	01/20/2006
Ready for Construction Walkthrough	01/20/2006
Ready for Model Office	03/12/2006
Model Office Implemented	05/15/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.9 Absent Parent Panel - 268

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
268	Change Order		Third Party Liability	85.00		1

2.12.9.1 Desired Solution

Create a panel that displays Absent Parent Information.

Add type of address for absent parent to capture foreign addresses and edit properly

2.12.9.2 Business Impact

Meet the Commonwealth's business needs.

2.12.9.3 Technical Specifications

Create a new panel to display absent parent information, allowing for foreign address as per CO 149. Absent Parent data is going to be created as per CO 687 need to add the following fields to T_TPL_AC_PARENT:

- Absent parent date of birth - 8 character CCYYMMDD;
- Absent Parent Address T_TPL_AC_PARENT.ABS-PARENT-ADDR1 PIC X(25);
- Absent Parent Address T_TPL_AC_PARENT.ABS-PARENT-ADDR2 CHAR(25).;
- Absent Parent City T_TPL_AC_PARENT.ABS-PARENT-CITY CHAR(22);
- Absent Parent State T_TPL_AC_PARENT.ABS-PARENT-STATE CHAR(02);
- Absent Parent Zip T_TPL_AC_PARENT.ABS-PARENT-ZIP;
- Military Branch T_TPL_AC_PARENT.MILITARY_BOS - a one byte field of the branch of service. Needs to show name of branch not code;
- Military Status MILITARY_STATUS - a one character field that states if parent is active or not; and,
- Absent Parent Country CDE_COUNTRY - two character country abbreviation. Default to US.

Existing Fields are

- Absent Parent ID T_TPL_AC_PARENT.SAK_RECIP
- Absent Parent Last Name T_TPL_AC_PARENT.NAM_LAST
- Absent Parent First Name T_TPL_AC_PARENT.NAM_FIRST

For Domestic/Foreign you can look at CO 149 (CO 149 SPECS)

TABLE T_PR_ADR:

ADR_MAIL_INT - 50 characters to hold out of country address info including city, country and zip code (which does not always adhere to the ISO 3166 standard of 5-4 digits).

NUM_PHONE_INT - 15 character international phone number.

NUM_PHONE_FAX_INT- 15 character international fax number.

CDE_COUNTRY - two character country abbreviation. Default to US.

TABLE T_COUNTRY:

CDE_COUNTRY - two character country abbreviation

DESC_COUNTRY - 50 character country

2.12.9.4 Clarifications

This panel displays all the absent parents for a specific member. The user can not create or modify the data in this panel. He/She must go to the Absent parent panel under TPL--ReLatedData--Other to do so.

2.12.9.5 Associated Requirements

Requirement ID	Type
30.090.004.002.1	TPL Resource HIP Maintenance
30.090.004.002.6	Web Page
30.090.004.003.2	Web Page

2.12.9.6 Associated System Objects

Technical Name	Object Type	Title
TPL.AbsentParent	Panel	Absent Parent

2.12.9.7 Change Order Status

Status	Date
Issue Identified	07/19/2005
Sign-Off Requested	10/07/2005
Change Order Written	01/05/2006
Technical Design In Progress (obsolete)	01/19/2006
SE Assigned	02/20/2006
Technical Design In Progress (obsolete)	02/20/2006
Ready for Model Office	05/18/2006
Model Office Implemented	09/21/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.10 Exhaustion Information - 277

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
277	Change Order		Third Party Liability	41.00		1

2.12.10.1 Desired Solution

Add exhaustion indicator (values are 'Y' or 'N').

2.12.10.2 Business Impact

Meet the Commonwealth's business needs.

2.12.10.3 Technical Specifications

Add exhaustion indicator to both the data list and data panel. 'Y' or 'N' are allowed values.

Default value to 'N'. Label should be 'Coverage Exhausted' for search and entry panels.

2.12.10.4 Clarifications

DOCO info maintained by Arlene but actual code changes were made by Kelly Anderson in CORE through CO 9708.

2.12.10.5 Associated Requirements

Requirement ID	Type
30.090.004.002.1	TPL Resource HIPP Maintenance
30.090.004.002.6	Web Page
30.090.004.003.2	Web Page

2.12.10.6 Associated System Objects

Technical Name	Object Type	Title
TPL.CoveragePanel.ascx	Panel	TPL Coverage

2.12.10.7 Change Order Status

Status	Date
Issue Identified	07/19/2005
Sign-Off Requested	10/07/2005
Change Order Written	01/05/2006
SE Assigned	01/19/2006
Technical Design In Progress (obsolete)	01/20/2006
Construction in Progress	01/20/2006
Ready for Construction Walkthrough	01/24/2006

Status	Date
Ready for Model Office	02/07/2006
Model Office Implemented	07/11/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.11 TPL Billing jobs - 279

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
279	Change Order		Third Party Liability	885.00		2

2.12.11.1 Desired Solution

1. Modify the billing jobs to PICK up claims that have hit the TPL edit IF they have a specific EOB.
2. Modify the billing process to not bill adjustments.
3. Modify Facsimiles to meet KY specifications.
4. Modify closure of billings - change the date criteria for closing billings that have had no response from the carrier.
5. Do not include the Medicare B or Medicare B DMERC functionality (see Change Orders 676, 1208 and 1211).
6. Modify the billing jobs to create HIPAA 837 and the NCPDP outbound transactions if carrier requests billings in that manner.
7. Create the reports used by operations.
8. Modify the billing facsimiles to the new CMS-1500 and UB04 claim form. This means that the HCFA1500 and UB facsimiles that we create may need to change.
9. More changes identified by Hayley on 08/02/2006. Refer to the Tech Specs for details.

2.12.11.2 Business Impact

Meet existing business needs.

2.12.11.3 Technical Specifications

1. Modify the billing jobs to PICK up claims that have hit the TPL edit IF they have a specific EOB.
2. Modify the billing process to not bill adjustments.
3. Modify Facsimiles to meet KY specifications.
4. Modify closure of billings - change the date criteria for closing billings that have had no response from the carrier.
5. Modify the billing jobs to create HIPAA 837 and the NCPDP outbound transactions if carrier requests billings in that manner.
6. Modify the billing facsimiles to the new CMS-1500 and UB04 claim form. This means that the HCFA1500 and UB facsimiles that we create may need to change.
7. More changes identified by Hayley on 08/02/2006:

The billing jobs need to be modified to pick claims that are two years old. Currently we pick claims that are one year old.

1040 dsscsun0 /cust/prod/base/sysin\$ grep 365 tpw* tpw01101.sql:

to_char(to_date(to_char(parms.dte_parm_2),'YYYYMMDD')-365,'YYYYMMDD')

tpw01201.sql: to_char(to_date(to_char(parms.dte_parm_2),'YYYYMMDD')-365,'YYYYMMDD')

tpw01301.sql: to_char(to_date(to_char(parms.dte_parm_2),'YYYYMMDD')-365,'YYYYMMDD')
and parms.dte_parm_2

tpw03001.sql: to_char(to_date(to_char(parms.dte_parm_2),'YYYYMMDD')-365,'YYYYMMDD')

tpw03101.sql: to_char(to_date(to_char(parms.dte_parm_2),'YYYYMMDD')-365,'YYYYMMDD')
and parms.dte_parm_2

tpw03201.sql: to_char(to_date(to_char(parms.dte_parm_2),'YYYYMMDD')-365,'YYYYMMDD')
and parms.dte_parm_2

tpw03301.sql: to_char(to_date(to_char(parms.dte_parm_2),'YYYYMMDD')-365,'YYYYMMDD')

The billings program needs to be modified to reflect the correct ind_source and cde_status on the t_tpl_ar_health table.

Here are the codes:

THIS MAPS TO IND_SOURCE ON T_TPL_AR_HEALTH

1 SYSTEM RETROACTIVE

2 SYSTEM EXCLUSION

3 SYSTEM PAY AND CHASE COURT ORDERED

4 SYSTEM PAY AND CHASE OTHER

THIS MAPS TO T_TPL_AR_HEALTH.CDE_STATUS

B EDS BILLING

Note We do not use #2 anymore, which is SYSTEM EXCLUSION.

#1 related to the job 33 series

#3 relates to TPLJM040 that has cde origin of 4

#4 relates to TPLJM040 that has cde_origin of 'G'

2.12.11.4 Clarifications

Note that the formats of reports created as part of the TPL billing jobs do not change. However, the report header for TPL-0025-R is modified to indicate whether an individual report is a weekly "Pay and Chase - Court Ordered" (TPL-0025-W) or a monthly "Retroactive TPL Report" (TPL-0025-M). Note also that the monthly "Pay and Chase Commercial Pharmacy Billing Report" is changed to a weekly frequency and that the weekly "Retro Commercial Pharmacy Billing Report" is changed to a monthly frequency. Note that item two of the Desired Solution does not require any changes. The code already excludes adjustments from the billing process. Part 5 of the Desired Solution is not going to be done. There is no need to disable the Medicare B or Medicare B DMERC functionality. Closure of Billings: The code is changed to close billings that have had no response from the carrier after 180 days rather than 90.

Only adjusted claims are to be billed. Claims that have been adjusted due to TPL postings are NOT to be billed. The monthly Pay and Chase Billings are all to be moved to weekly. The weekly Retroactive Billings are all to be moved to monthly.

Question sent to Steve/Scott by Hayley
Steve/Scott,

Who do we need to talk with in the print room to determine what type of billing file we send when we want the TPL Billing facsimiles created? Currently, KY is printing old versions of the HCFA-1500, the dental claim form and the UB claim form. The direction I received was to use the newest claim forms: CMS1500, UB04 and I really don't know what the dental claim form version is.

TPL can update our code to send this information to the printer, but I need to ensure that the printer is able to read and interpret correctly. So, who do I need to contact?

If operations does not have a requirement for this, do I change our facsimiles to use the versions that they are using now? And who do I contact about what we need to send to the printer?

From Bill Ponder

Is this the paper claims that we would be printing and mailing to insurance carriers if we are ever asked to do paper billing again? Maybe we should set up a quick meeting to discuss.

Question Brandvold, Hayley D:

The customer wanted us to make sure that our billing jobs pick up claims that have hit the TPL edit IF they have a specific EOB. Would you know what they mean by this?

Reply from Duvall, Regina G:

Sorry it took so long to respond. While looking I think I found a major problem in production. I don't think it is EOB they are looking for. It should be edit 464, the TPL Pay and Chase edit. These set an EOB of 379 which relays as PAID BY MEDICAID and all kinds of claims set this EOB every claims cycle.

Question Brandvold, Hayley D:

Ok. So the customer wants us to bill the claims that hit the pay and chase edits?

Reply from Duvall, Regina G: Yes

Question Brandvold, Hayley D:

Do you know anything about the claims forms and whether we should update the versions?

Reply from Duvall, Regina G: Thu 7/27/2006 5:21 AM

I was trying to find an old email regarding the revised claim forms. I don't know though if the customer is going to require those to be implemented.

Question from Hayley and reply from Regina:

We are working on our CO to create billings (pay/chase, retro, and so on). Under what circumstances would I use these bill types? (please note these are KY descriptions but iC codes):

CDE_BILL_TYPE DSC_BILL_TYPE

1 SYSTEM RETROACTIVE - when TPL resource information is added to the file after claims

paid related to the coverage. The retro process would look back two years of claims applicable to the coverage on the resource file and set the bills up

2 SYSTEM EXCLUSION - pharmacy claims use to fall under the exclusions, but they are cost avoided now so I'm not sure if there was any other claims types

3 SYSTEM PAY AND CHASE COURT ORDERED - Claims that set edit 464 and the source code is equal to 'court order health insurance'

4 SYSTEM PAY AND CHASE OTHER - All other claims that set edit 4

5 TPL CONTRACTOR MEDICARE - When PCG sends us the applicable record code equal to Medicare

6 TPL CONTRACTOR - IDENTIFIED - When PCG sends the applicable record code equal to Identified

A TPL CONTRACTOR DATAMATCH - When PCG sends the applicable record code equal to Datamatch

X PCG SOURCE CODE X - When PCG sends the applicable record code equal cost avoidance adds

Y PCG SOURCE CODE Y - When PCG sends the applicable record code equal MSE identified

Z PCG SOURCE CODE Z - When PCG sends the applicable record code equal MSE enforcement identified

D TPL CONTRACTOR TRICARE - not sure.

#1 Modify the billing jobs to PICK up claims that have hit the TPL edit IF they have a specific EOB.

Hayley e-mailed Claims Team: Currently KY has edit 464 which is the TPL Pay and Chase edit. Will iC have a similar edit?

Waiting to hear from the Claims team.

#3 Modify Facsimiles to meet KY specifications from CO279 - moved to CO 3186 since we are waiting to hear from the operations team.

#6 Modify the billing jobs to create HIPAA 837 and the NCPDP outbound transactions if carrier requests billings in that manner from CO279 - moved to CO3186. No changes are needed as far as NCPDP.

#7 Create the reports used by operations from CO279 - moved to CO3186. The following are the reports that are moved: TPL-0770-W, TPL-0780-W, TPL-0781-W

#8 Modify the billing facsimiles to the new CMS-1500 and UB04 claim form. This means that the HCFA1500 and UB facsimiles that we create may need to change from CO279 - moved to CO3186 - Note: Waiting to hear from operations team for an answer.

2.12.11.5 Associated Requirements

Requirement ID	Type
30.050.004.002.16	RFP Requirement
30.050.004.002.17	RFP Requirement
30.050.004.002.7	TPL Billings
30.090.004.002.11	TPL Billings
30.090.004.002.9	TPL Billings
30.090.004.003.4	TPL Recovery Cases

2.12.11.6 Associated System Objects

Technical Name	Object Type	Title
TPL-0035-R	Report	UB-92 Billing Facsimile
TPLJM050	Batch Job	Medicare - Part A Recovery Provider Letters and Billings
TPLJM032	Batch Job	TPL Commercial Retro Billing - UB Claim Extract
TPLJM033	Batch Job	TPL Commercial Retro Billing - Pharmacy Claim Extract
TPL-0036-R	Report	Dental Billing Facsimile
TPL-0037-R	Report	CMS-1500 Billing Facsimile
TPLJM031	Batch Job	TPL Commercial Retro Billing - Dental Claim Extract
TPLJM103	Batch Job	Medicare - Non-Responsive Provider Report
TPLJM073	Batch Job	Medicare - TPL Medicare Recovery - Rebillings Report
TPL-0026-R	Report	Pharmacy Billing Facsimile
TPLJM051	Batch Job	Medicare - TPL Medicare Recovery - MED A Report
TPL-0770-W	Report	TPL Billings Summary
TPL-0780-W	Report	TPL Billings Detail Listing
TPLJW041	Batch Job	TPL Commercial Billing
TPLJM030	Batch Job	TPL Commercial Retro Billing - Physician Claim Extract
TPLJM072	Batch Job	Medicare - Part A and Part B DMERC Rebillings
TPL-0781-W	Report	TPL Billings Summary Listing

2.12.11.7 Change Order Status

Status	Date
Issue Identified	07/20/2005
Change Order Written	01/26/2006
SE Assigned	02/14/2006
SE Assigned	04/19/2006
Define/Analyze In Progress	04/19/2006
SE Assigned	07/06/2006
Define/Analyze In Progress	07/06/2006
SE Assigned	07/18/2006
Define/Analyze In Progress	07/18/2006
Construction in Progress	08/02/2006
Ready for Construction Walkthrough	08/02/2006
Construction in Progress	08/02/2006
Unit Test in Progress (obsolete)	08/14/2006
Ready for Construction Walkthrough	08/28/2006
Ready for Model Office	08/28/2006
Model Office Implemented	08/31/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.12 TPL Interface with First Health - 357

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
357	Change Order		Third Party Liability	50.00		2

2.12.12.1 Desired Solution

Add functionality to interface with First Health PBA. Create the carrier file to send to First Health PBA.

2.12.12.2 Business Impact

Meet the Commonwealth's business needs.

2.12.12.3 Technical Specifications

Create a daily job to send TPL Carrier information to First Health PBA.

2.12.12.4 Clarifications

No associated clarifications found.

2.12.12.5 Associated Requirements

Requirement ID	Type
30.050.004.002.10	RFP Requirement
30.090.004.002.20	RFP Requirement
30.090.004.004.5	Interfaces - Incoming

2.12.12.6 Associated System Objects

Technical Name	Object Type	Title
TPLJD060	Batch Job	Carrier File to First Health

2.12.12.7 Change Order Status

Status	Date
Issue Identified	07/28/2005
Sign-Off Requested	10/06/2005
Change Order Written	01/30/2006
SE Assigned	01/30/2006
Ready for Tech Walkthrough	02/09/2006
Ready for Unit Test (obsolete)	02/09/2006
Ready for Construction Walkthrough	02/09/2006
SE Assigned	02/14/2006
Ready for Construction	03/06/2006

Status	Date
Walkthrough	
Ready for Model Office	05/23/2006
Model Office Implemented	05/26/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.13 TPL Interface with KAMES - 358

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
358	Change Order		Third Party Liability	146.00		2

2.12.13.1 Desired Solution

Add functionality to interface with KAMES to accept TPL Resource information.

2.12.13.2 Business Impact

Meet the Commonwealth's business needs.

2.12.13.3 Technical Specifications

Create a weekly job to process the KAMES Resource file. This process produces Insurance or Member type Questionnaires and a report of all tape transactions which are used by the TPL unit to update the TPL Resource File online.

2.12.13.4 Clarifications

id_medicaid is 12 bytes in iC -- Hayley

id_medicaid coming from KAMES is 10 bytes matched with a 12 bytes id_medicaid in iC but padded with spaces. -- Jacob

Output file sent to PCG in the current legacy system has the sort id (Medicaid id) as 10 bytes followed by 20 bytes spaces. Because id_medicaid is 12 bytes, we have 12 bytes sort id followed by 18 bytes spaces. -- Abdullah

2.12.13.5 Associated Requirements

Requirement ID	Type
30.050.004.002.10	RFP Requirement
30.050.004.002.11	TPL Resource HIPP Maintenance
30.090.004.001.5	TPL Resource HIPP Maintenance
30.090.004.002.20	RFP Requirement
30.090.004.003.1	TPL Reports Letters
30.090.004.004.5	Interfaces - Incoming

2.12.13.6 Associated System Objects

Technical Name	Object Type	Title
TPL-0330-W	Report	KAMES PA-40 Tape

2.12.13.7 Change Order Status

Status	Date
Issue Identified	07/28/2005
Sign-Off Requested	10/06/2005

Status	Date
Change Order Written	03/28/2006
SE Assigned	04/28/2006
Define/Analyze In Progress	05/02/2006
Define/Analyze In Progress	05/02/2006
Construction in Progress	05/10/2006
Unit Test in Progress (obsolete)	05/22/2006
Ready for Construction Walkthrough	05/24/2006
Ready for Model Office	06/14/2006
Model Office Implemented	07/31/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.14 TPL Interface from PCG TPL info - 359

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
359	Change Order		Third Party Liability	112.00		2

2.12.14.1 Desired Solution

Add functionality to interface with PCG in regards to TPL Resource information.

2.12.14.2 Business Impact

Meet the Commonwealth's business needs.

2.12.14.3 Technical Specifications

Create an on-request job that processes the TPL Resource information from PCG. This process creates numerous reports. It updates the TPL Resource master appropriately and creates the Output- Adds-Changes Response File to be sent to PCG

2.12.14.4 Clarifications

The segment column, as present in the Unisys version of the Activity Reports, has been removed. A "segment" is a Unisys file structure concept, that doesn't exist in interChange

2.12.14.5 Associated Requirements

Requirement ID	Type
30.050.004.002.10	RFP Requirement
30.090.004.002.20	RFP Requirement
30.090.004.003.1	TPL Reports Letters
30.090.004.003.5	TPL Resource HIPP Maintenance
30.090.004.004.7	Interfaces - Incoming

2.12.14.6 Associated System Objects

Technical Name	Object Type	Title
TPL-0490-R	Report	Policies Added From PCG Contractor Data For TPL Source Indicator 'X' - Record Code '5' Only - Activity
TPL-0511-R	Report	Policies Added From PCG Contractor Data For TPL Source Indicator 'Z' - Record Code '9' Only - Error
TPL-0531-R	Report	TPL Resource Record Updates From PCG Contractor Data - Record Code '8' Only - Error
TPL-0901-R	Report	Commercial Insurance Datamatch Error
TPL-1240-R	Report	Policies Added From PCG Contractor Data For TPL Source Indicator 'W' - Record Code 'P' and 'Q' - Error
TPLJO900_N	Batch Job	Commercial Insurance Datamatch
TPL-0500-R	Report	Policies Added From PCG Contractor Data For TPL Source

Technical Name	Object Type	Title
		Indicator 'Y' - Record Code '7' Only - Activity
TPL-1230-R	Report	Policies Added From PCG Contractor Data For TPL Source Indicator 'W' - Record Code 'P' Only Activity
TPLJO490_N	Batch Job	Policies PCG Contractor Data, TPL SrcCde Ind 'X' - RecCde '5' Report Generator. No data base update.
TPL-0520-R	Report	TPL Resource Record Updates From PCG Contractor Data - Record Code '6' Only - Activity
TPL-0491-R	Report	Policies Added From PCG Contractor Data For TPL Source Indicator 'X' - Record Code '5' Only - Error
TPL-0900-R	Report	Commercial Insurance Datamatch
TPL-0540-R	Report	Aged PCG Levels of Coverage Load - Levels of coverage loaded after initial load date for Source Code 'X'
TPL-0492-R	Report	Policies Added From PCG Contractor Data For TPL Source Indicator 'X' - Record Code '5' - Managed Care Only
TPL-0501-R	Report	Policies Added From PCG Contractor Data For TPL Source Indicator 'Y' - Record Code '7' Only - Error
TPL-0510-R	Report	Policies Added From PCG Contractor Data For TPL Source Indicator 'Z' - Record Code '9' Only - Activity
TPL-0521-R	Report	TPL Resource Record Updates From PCG Contractor Data - Record Code '6' Only - Error
TPL-0530-R	Report	TPL Resource Record Updates From PCG Contractor Data - Record Code '8' Only - Activity

2.12.14.7 Change Order Status

Status	Date
Issue Identified	07/28/2005
Sign-Off Requested	10/06/2005
Change Order Written	11/14/2005
Technical Design In Progress (obsolete)	02/14/2006
Construction in Progress	02/23/2006
Ready for Construction Walkthrough	04/26/2006
Ready for Model Office	05/22/2006

Status	Date
Model Office Implemented	06/09/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.15 TPL Interface with Carrier - 360

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
360	Change Order		Third Party Liability			1

2.12.15.1 Desired Solution

Modify interface functionality with Private Insurance Carriers.

Do not schedule the following jobs to run in AutoSys: TPLJO0015 - 18.

2.12.15.2 Business Impact

Meet the Commonwealth's business needs.

2.12.15.3 Technical Specifications

Remove jobs TPLJO0015 - 18 from the job scheduler. Update documentation appropriately.

2.12.15.4 Clarifications

Since TPLJO015 - TPLJO018 are on-request jobs in on-request jils, we never request that they be run.

2.12.15.5 Associated Requirements

Requirement ID	Type
30.020.002.009	RFP Requirement
30.050.004.002.10	RFP Requirement
30.090.004.002.20	RFP Requirement
30.090.004.004.5	Interfaces - Incoming

2.12.15.6 Associated System Objects

Technical Name	Object Type	Title
TPLJO015	Batch Job	Carrier Data Match - Carrier 270 Eligibility Inquiry File
TPLJO016.ksh	Batch Job	Carrier Data Match - Carrier Member File
TPLJO017	Batch Job	Carrier Data Match - Carrier 271 Eligibility Response File
TPLJO018.ksh	Batch Job	Carrier Data Match - Carrier Eligibility Data Match File

2.12.15.7 Change Order Status

Status	Date
Issue Identified	07/28/2005
Sign-Off Requested	10/06/2005
Design Complete	01/16/2006
Ready for Model Office	01/16/2006

Status	Date
Model Office Implemented	05/22/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.16 TPL Interface with SSA-8019-U2 - 361

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
361	Change Order		Third Party Liability	81.00		2

2.12.16.1 Desired Solution

Add functionality to interface with SSA-8019-U2.

2.12.16.2 Business Impact

TPL Interface with SSA-8019-U2

2.12.16.3 Technical Specifications

TPL Interface with SSA-8019-U2

2.12.16.4 Clarifications

No associated clarifications found.

2.12.16.5 Associated Requirements

Requirement ID	Type
30.050.004.002.10	RFP Requirement
30.090.004.002.20	RFP Requirement
30.090.004.003.1	TPL Reports Letters
30.090.004.004.5	Interfaces - Incoming

2.12.16.6 Associated System Objects

Technical Name	Object Type	Title
TPL-0320-W	Report	TPL Information Statement (SSA - 8019 - U2) Form

2.12.16.7 Change Order Status

Status	Date
Issue Identified	07/28/2005
Sign-Off Requested	10/06/2005
Change Order Written	11/14/2005
Resource Assigned for Construction (obsolete)	01/23/2006
Technical Design In Progress (obsolete)	01/23/2006
SE Assigned	06/14/2006
Define/Analyze In Progress	06/26/2006
Technical Design In Progress	06/28/2006

Status	Date
(obsolete)	
Construction in Progress	06/29/2006
Ready for Model Office	07/13/2006
Ready for Model Office	07/16/2006
Model Office Implemented	07/21/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.17 TPL Cost Avoidance - 362

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
362	Change Order		Third Party Liability	120.00		2

2.12.17.1 Desired Solution

Create a report to identify all payment costs avoided due to established TPL.

Modify the TPL-0016-M Cost Avoidance report to resemble the KYMT5000-R001.

2.12.17.2 Business Impact

TPL Cost Avoidance

2.12.17.3 Technical Specifications

See KY Report:

KYMT5000-R001 - TPL Cost Avoidance Report

This report provides a list of claims and amounts collected by providers from third parties prior to submission to Medicaid.

This query selects claim counts and summarizes amounts from AR Claims to return Total Claims With TPL Collections, Dollars For Claims With TPL Collections, Total Claims Denied For TPL and Dollars For Claims Denied For TPL

Run on an monthly basis.

TPL-0016-M lists subtotals by Provider Type and grand totals.

2.12.17.4 Clarifications

Moved the following parts to CO 3103:

- TPL-0550-Q Report Cost Avoidance For PCG; and,
- TPL-0551-Q Report Cost Avoidance For PCG MSE - Source Codes 'Y' and 'Z'.

2.12.17.5 Associated Requirements

Requirement ID	Type
30.090.004.002.8	TPL Reports Letters
30.090.004.003.1	TPL Reports Letters

2.12.17.6 Associated System Objects

Technical Name	Object Type	Title
TPL-0016-M	Report	TPL Cost Avoidance

2.12.17.7 Change Order Status

Status	Date
Issue Identified	07/28/2005
Sign-Off Requested	10/11/2005

Status	Date
SE Assigned	06/02/2006
Technical Design In Progress (obsolete)	06/02/2006
Ready for Tech Walkthrough	07/08/2006
Construction in Progress	07/10/2006
Ready for Construction Walkthrough	07/13/2006
Ready for Model Office	07/18/2006
Model Office Implemented	07/21/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.18 TPL Interface from DEERS - 363

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
363	Change Order		Third Party Liability	59.00		1

2.12.18.1 Desired Solution

Modify interface functionality with DEERS.

Create process to accept DEERS tape.

Copy file and send to PCG.

2.12.18.2 Business Impact

Meet the Commonwealth's business needs.

2.12.18.3 Technical Specifications

Create process to accept DEERS tape.

Copy file and send to PCG.

2.12.18.4 Clarifications

Since TPLJO005 is an on-request job, we never request that it be run. Likewise, since the PTPODEER job stream containing jobs TPLPO004, TPLPO005, TPLPO007, TPLPO008, TPLPO009 are all on request, we never request that they be run. PCG gets this file before we do, so there is no need to send it to them.

2.12.18.5 Associated Requirements

Requirement ID	Type
30.050.004.002.10	RFP Requirement
30.090.004.002.19	TPL Resource HIPP Maintenance
30.090.004.002.20	RFP Requirement
30.090.004.004.4	Interfaces - Incoming

2.12.18.6 Associated System Objects

Technical Name	Object Type	Title
TPLJO005	Batch Job	DEERS - Create Data Match Report & Updates Resource/Policyholder Info

2.12.18.7 Change Order Status

Status	Date
Issue Identified	07/28/2005
Design Complete	02/01/2006
Ready for Model Office	02/01/2006
Model Office Implemented	05/22/2006

Status	Date
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.19 TPL Interface to DCSE - 364

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
364	Change Order		Third Party Liability	81.00		2

2.12.19.1 Desired Solution

Create a monthly process to send TPL Resource information (adds and updates for that month) to the Division of Child Support Enforcement.

2.12.19.2 Business Impact

Meet the Commonwealth's business needs.

2.12.19.3 Technical Specifications

This process creates a file of all resources that were added or updated within the reporting month. This file is then sent to the DSCE.

2.12.19.4 Clarifications

Currently, only deleted and end dated resource records are included in this file. Since iCE does not delete resource records, this file only contains segments that have been end dated in the past month.

2.12.19.5 Associated Requirements

Requirement ID	Type
30.050.004.002.10	RFP Requirement
30.090.004.004.3	Interfaces - Incoming

2.12.19.6 Associated System Objects

Technical Name	Object Type	Title
TPLJM300	Batch Job	TPL Resource File to DCS

2.12.19.7 Change Order Status

Status	Date
Issue Identified	08/01/2005
Sign-Off Requested	10/06/2005
Change Order Written	11/14/2005
SE Assigned	01/22/2006
Technical Design In Progress (obsolete)	01/22/2006
Ready for Tech Walkthrough	01/23/2006
Ready for Tech Walkthrough	02/09/2006
Construction in Progress	02/09/2006

Status	Date
SE Assigned	02/14/2006
Ready for Construction Walkthrough	03/06/2006
Ready for Model Office	05/23/2006
Model Office Implemented	05/26/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.20 Interface with PCG Billing Info - 373

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
373	Change Order		Third Party Liability	146.00		2

2.12.20.1 Desired Solution

Create a process to accept billing information from PCG.

2.12.20.2 Business Impact

Meet the Commonwealth's business needs.

2.12.20.3 Technical Specifications

See KY Reports:

KYMT5830-R001 and R003 - Medicare and PCG / Champus Current Reports

This process sequentially reads the file from Medicare/TriCare Datamatch to update the TPL Billings records. The claims in this file are in claims history matched by ICN. The TPL-1110-R and TPL-1112-R contain detailed information from the update to TPL billing with:

- Member ID;
- Member name;
- ICN;
- Carrier ID;
- Policy holder;
- Policy number;
- Provider number;
- Policy start and stop dates; and,
- Billed amount.

See KY Reports:

KYMT5830-R002 and R004 - Medicare and PCG / Champus Rejected Transactions Reports

Result of the update process using the Medicare/TriCare file, rejects reported on TPL-1111-R and TPL-1113-R. Causes for a record to reject include:

- History records found greater than 24 months;
- ICN not found;
- Carrier edits;
- TriCare edits;
- Billing record already on file;
- Claim's been credited;
- Claim not found in history;

- Accounting code invalid; and,
- TCN not found.

2.12.20.4 Clarifications

No associated clarifications found.

2.12.20.5 Associated Requirements

Requirement ID	Type
30.090.004.002.20	RFP Requirement
30.090.004.003.1	TPL Reports Letters
30.090.004.004.7	Interfaces - Incoming

2.12.20.6 Associated System Objects

Technical Name	Object Type	Title
TPLJO110	Batch Job	Medicare/TRICARE On Request Reports
TPL-1112-R	Report	TPL Contractor Datamatch Billings
TPL-1113-R	Report	TPL Contractor Datamatch Rejected Billings
TPL-1110-R	Report	Medicare-TriCare Current
TPL-1111-R	Report	Medicare-TriCare Rejected Transactions

2.12.20.7 Change Order Status

Status	Date
Issue Identified	08/01/2005
Sign-Off Requested	01/18/2006
SE Assigned	02/20/2006
Technical Design In Progress (obsolete)	02/20/2006
Construction in Progress	03/17/2006
Unit Test in Progress (obsolete)	05/25/2006
Ready for Construction Walkthrough	07/06/2006
Ready for Model Office	07/25/2006
Model Office Implemented	07/31/2006
UAT Implemented	11/01/2006

Status	Date
Prod Implemented	06/14/2007

2.12.21 TPL Interface to PCG - 408

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
408	Change Order		Third Party Liability	110.00		2

2.12.21.1 Desired Solution

Create a process to send information to PCG.

Modify the rebilling process to generate files to send to PCG so PCG can further pursue the billings

Modify closure of billings - change the date criteria for closing billings that have had no response from the carrier.

2.12.21.2 Business Impact

Meet the Commonwealth's business needs.

2.12.21.3 Technical Specifications

Modify the rebilling process to send the billing file to PCG instead of creating and sending the billings to the carrier.

Also, include Estate Recovery cases in the file to send to PCG.

In the batch routine change cde_reason_two of t_tpl_ar_health where dte_added is over 90 days ago and cde_reason_two is spaces.

This is similar to CO 2483 except instead of updating the cde_reason_two to '26', it leaves cde_reason_two alone and updates cde_status to be equal to 'F' - PCG2 Referred.

Closure of Billings: The code is changed to close billings that have had no response from the carrier after 180 days rather than 90.

2.12.21.4 Clarifications

KY does not do rebilling. So the TPLJM02? Jobs must not run. Therefore send billing information to PCG.

Waiting on interface file layout approval from PCG.

Added specifications as per Hayley Brandvold and Regina Duvall. A carrier billing in iCE is treated the same as a provider billing in the legacy MMIS.

The following information is moved from KY TPL CO 279 into CO 408 as per Hayley's suggestions:

Modify closure of billings - change the date criteria for closing billings that have had no response from the carrier.

The following information is from the clarifications section of CO 279:

Closure of Billings: The code is changed to close billings that have had no response from the carrier after 180 days rather than 90.

If KY decides to do the billing, then we need to disable the job TPLJM220 from CO2483 since this job automatically closes a billing after 180 days if there has been no activity on the billing record..

We do not disable job TPLJM220 from CO 2483. We keep this job to close billings and not close from the CO 408 job TPLJM310.

The Provider ID field needs to be increased from 9B to 15B to account for NPI field length.

Due to HMS performing all of the billings, we do not send the billing file to HMS. Please see CO 3544 regarding not running this job.

2.12.21.5 Associated Requirements

Requirement ID	Type
30.050.004.002.10	RFP Requirement
30.050.004.002.17	RFP Requirement
30.090.004.002.12	RFP Requirement
30.090.004.004.7	Interfaces - Incoming

2.12.21.6 Associated System Objects

Technical Name	Object Type	Title
TPLJM023	Batch Job	TPL Commercial Rebilling - Update the A/R, A/R Disp and Retro Summ Recs Tables
TPLJM022	Batch Job	TPL Commercial Rebilling - Create Facsimiles for Pharmacy Claims
TPLJM020	Batch Job	TPL Commercial Rebilling - Claims Processing
TPLJM021	Batch Job	TPL Commercial Rebilling - Create Facsimiles for UB92, Physician and Dental Claims

2.12.21.7 Change Order Status

Status	Date
Issue Identified	08/08/2005
Sign-Off Requested	01/18/2006
SE Assigned	04/07/2006
Technical Design In Progress (obsolete)	04/07/2006
Awaiting Further Definition	06/19/2006
Technical Design In Progress (obsolete)	07/31/2006
Construction in Progress	08/01/2006
Ready for Construction Walkthrough	08/02/2006

Status	Date
Ready for Model Office	08/04/2006
Model Office Implemented	08/17/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.22 Discontinue creating report - 410

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
410	Change Order		Third Party Liability			3

2.12.22.1 Desired Solution

During the reports interface, it was determined that some interChange reports did not need to be created.

2.12.22.2 Business Impact

Meet existing business needs.

2.12.22.3 Technical Specifications

Do not create the following reports:

- TPL-0001-D Report TPL PS2 Transaction Review
Remove job TPLPD001 from job streams PTPDJOB, ATPDJOB, and MTPDJOB .
- TPL-0001-R Report DEERS Match - 271 Transaction.
- TPL-0003-M Report Monthly Casualty Composite
Modify job TPLJM009, in order not to create tpm00204.rpt and TPL0003M .
- TPL-0007-R Report Workers' Compensation Data Match
Remove job TPLPO007 from job streams PTPODEER, ATPODEER, MTPODEER.
- TPL-0010-W Report Cost Avoidance Indicator Updates
Remove job TPLPW010 from job streams PTPWJOB2, ATPWJOB2, and MTPWJOB2 .
- TPL-0012-R Report DEERS Match
Remove job TPLPO005 from job streams PTPODEER, ATPODEER, MTPODEER.
- TPL-0014-R Report Carrier Data Match Error
- TPL-0015-R Report Carrier Data Match
Remove job TPLPO017 from job streams PTPICD, ATPICD, and MTPICD .
- TPL-0022-Q Report TPL Carrier Master File - Numeric
Modify job TPLJQ002, in order not to create tpq00202.rpt and TPL0022Q.
- TPL-0033-M Report TPL Cost Avoidance Summary - CMS Calculation<
Remove job TPLJM005 from job streams PTPMJOB, ATPMJOB, and MTPMJOB .
- TPL-0034-M Report TPL Cost Recovery Summary - CMS Calculation
Remove job TPLJM008 from job streams PTPMJOB2, ATPMJOB2, and MTPMJOB2 .
- TPL-0091-M Report TPL Medicare Part B Recovery Discrepancy
- TPL-0092-M Report TPL Medicare Part B Checks Not Received
- TPL-0093-M Report TPL Medicare Part B Recovery Updates
Remove job TPLPM090 from job streams PTPMMEDB ,

2.12.22.4 Clarifications

No associated clarifications found.

2.12.22.5 Associated Requirements

Requirement ID	Type
30.090.004.003.1	TPL Reports Letters

2.12.22.6 Associated System Objects

Technical Name	Object Type	Title
TPLJO005	Batch Job	DEERS - Create Data Match Report & Updates Resource/Policyholder Info
TPLJM009	Batch Job	TPL Casualty Composite Report and Case Activity Summary Report
TPLJW010	Batch Job	Update Cost Avoidance Indicator
TPLJO003	Batch Job	Worker's Compensation Data Match Report
TPLJM008	Batch Job	TPL Cost Recovery Summary - CMS Calculation
TPLJD001	Batch Job	Create ETP Transaction Report
TPLJM005	Batch Job	TPL Cost Avoidance Summary - CMS Calculation
TPLJQ002	Batch Job	TPL Carrier Master File - Alpha and Numeric
TPLJO017	Batch Job	Carrier Data Match - Carrier 271 Eligibility Response File

2.12.22.7 Change Order Status

Status	Date
Issue Identified	08/09/2005
Sign-Off Requested	10/14/2005
Change Order Written	11/14/2005
SE Assigned	01/18/2006
Technical Design In Progress (obsolete)	01/27/2006
Ready for Tech Walkthrough	01/27/2006
Construction in Progress	01/27/2006
Ready for Construction Walkthrough	01/27/2006
Ready for Model Office	02/07/2006
Model Office Implemented	08/02/2006

Status	Date
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.23 TPL Medicare Denied - 432

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
432	Change Order		Third Party Liability	81.00		2

2.12.23.1 Desired Solution

Create a report identifying claims which were denied due to Medicare coverage.

2.12.23.2 Business Impact

Meet the Commonwealth's business needs.

2.12.23.3 Technical Specifications**See KY Report:****KYMT5930-R002 - Medicare Denied**

This query selects denied claims that have error due to Medicare coverage. The claims report for 120 days after being denied.

Run on a monthly basis.

List provider identification number, internal control number, member identification number, explanation of benefit, billed amount, total denied amount, place of service, procedure code, from date of service, to date of service, allowed amount and denied amount.

Sub totaling on allowed amount, billed amount, denied amount, number of denied claims and paid amount.

2.12.23.4 Clarifications

Change order 496 was rolled up into this change order.

2.12.23.5 Associated Requirements

Requirement ID	Type
30.090.004.002.8	TPL Reports Letters
30.090.004.003.1	TPL Reports Letters

2.12.23.6 Associated System Objects

Technical Name	Object Type	Title
TPL-0570-M	Report	Medicare Denied

2.12.23.7 Change Order Status

Status	Date
Issue Identified	08/11/2005
Sign-Off Requested	10/10/2005
Change Order Written	12/15/2005
SE Assigned	12/15/2005
SE Assigned	04/26/2006

Status	Date
Construction in Progress	06/29/2006
Ready for Model Office	08/07/2006
Model Office Implemented	08/21/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.24 Carrier Termination - 433

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
433	Change Order		Third Party Liability	146.00		2

2.12.24.1 Desired Solution

Produce the update and error reports from the Carrier Termination process.

2.12.24.2 Business Impact

Meet the Commonwealth's business needs.

2.12.24.3 Technical Specifications**See KY Report:****KYMT0100-R001 - Carrier Termination Process**

This report displays the updates to the TPL Resource File due to carriers terminated.

This query selects TPL Resource update records that have carriers terminated.

Run on an on request basis.

List coverage location number, carrier id, last transaction date, member identification number, member name, carrier name, policy begin date, policy end date, policy number, segment number and terminate date.

See KY Report:**KYMT0100-R002 - Carrier Termination Error Report**

This report lists the errors found on the TPL Resource file, no updates are made.

List error message, member id, policy begin date, policy end date, policy number and terminate date.

2.12.24.4 Clarifications

No associated clarifications found.

2.12.24.5 Associated Requirements

Requirement ID	Type
30.090.004.003.1	TPL Reports Letters

2.12.24.6 Associated System Objects

Technical Name	Object Type	Title
TPL-0300-R	Report	TPL Resource Updates - Carrier Termination Process
TPL-0301-R	Report	TPL Resource Updates - Carrier Termination Error

2.12.24.7 Change Order Status

Status	Date
Issue Identified	08/11/2005
Sign-Off Requested	10/10/2005

Status	Date
Change Order Written	12/06/2005
SE Assigned	12/06/2005
Technical Design In Progress (obsolete)	12/13/2005
Ready for Tech Walkthrough	12/19/2005
Resource Assigned for Construction (obsolete)	01/20/2006
Construction in Progress	01/20/2006
Ready for Construction Walkthrough	02/01/2006
Ready for Model Office	02/14/2006
Model Office Implemented	05/19/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.25 TPL Matrix Summary - 445

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
445	Change Order		Third Party Liability			2

2.12.25.1 Desired Solution

Create a report to summarize the TPL Matrix File.

2.12.25.2 Business Impact

Meet the Commonwealth's business needs.

2.12.25.3 Technical Specifications

See KY Report:

KYMT0800-R001 - TPL Matrix Summary

This query summarizes the TPL Matrix File.

Run on a weekly basis.

List provider type and claim type.

2.12.25.4 Clarifications

Layout is pending reference TPL matrix.

2.12.25.5 Associated Requirements

Requirement ID	Type
30.090.004.003.1	TPL Reports Letters

2.12.25.6 Associated System Objects

Technical Name	Object Type	Title
TPL-0340-R	Report	TPL Matrix Summary

2.12.25.7 Change Order Status

Status	Date
Issue Identified	08/11/2005
Sign-Off Requested	10/10/2005
SE Assigned	06/15/2006
Awaiting Further Definition	08/28/2006
Define/Analyze In Progress	09/12/2006
Construction in Progress	09/19/2006
Ready for Construction Walkthrough	09/26/2006
Ready for Model Office	10/01/2006

Status	Date
Ready for Model Office	10/02/2006
Model Office Implemented	11/22/2006
Ready for UAT	11/22/2006
UAT Implemented	11/22/2006
Prod Implemented	06/14/2007

2.12.26 TPL Exclusions Report - 453

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
453	Change Order		Third Party Liability	50.00		2

2.12.26.1 Desired Solution

Create report to display paid claims which meet the exception on the TPL Matrix File for "Pay and Bill".

2.12.26.2 Business Impact

Meet the Commonwealth's business needs.

2.12.26.3 Technical Specifications**See KY Report:****KYMT1200-R007 -TPL Exclusions Report**

This query selects claims that hit TPL edit that do not have a source-code G or an absent parent diagnosis on the claim.

Run on a monthly basis.

List amount paid, type of coverage, carrier id, internal control number, member name, policy number and provider number.

2.12.26.4 Clarifications

Note: TPL has Pay and Chase billings. Claim comes in and goes through TPL editing. Hayley is trying to convince the Claims team to add an indicator or something to say that it is a pay and chase claim. If this change happens then there is a slight modification to this Change Order process. That is we need to modify the Pay and Chase process on how we grab the Pay and Chase claims to be reported on the Exclusions report.

The TPL-0370-M - TPL MONTHLY EXCLUSIONS REPORT was not created as part of this CO. Since we are creating the TPL-0370-W -TPL WEEKLY EXCLUSIONS REPORT, it is a duplicate effort to create the monthly report. Hayley decided that we do not need the monthly report. Also, the CO 581 is modifying the monthly Pay and Chase jobs to run weekly and weekly Retroactive jobs to run monthly.

2.12.26.5 Associated Requirements

Requirement ID	Type
30.090.004.003.1	TPL Reports Letters

2.12.26.6 Associated System Objects

Technical Name	Object Type	Title
TPL-0370-M	Report	TPL Exclusions Monthly
TPL-0370-W	Report	TPL Exclusions Weekly

2.12.26.7 Change Order Status

Status	Date
Issue Identified	08/11/2005

Status	Date
Sign-Off Requested	10/11/2005
SE Assigned	02/14/2006
SE Assigned	07/06/2006
SE Assigned	07/18/2006
Define/Analyze In Progress	08/28/2006
Construction in Progress	08/28/2006
Ready for Unit Test (obsolete)	08/29/2006
Ready for Construction Walkthrough	08/31/2006
Ready for Model Office	09/04/2006
Model Office Implemented	09/07/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.27 Cost Savings Report - 455

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
455	Change Order		Third Party Liability	81.00		2

2.12.27.1 Desired Solution

Create report to display the amount cost-avoided due to the Commercial data match process.

2.12.27.2 Business Impact

Meet the Commonwealth's business needs.

2.12.27.3 Technical Specifications

See KY Report:

KYMT2000-R002 - Cost Savings Repot and KYMT2000-R003 - Third Party Contractor Cost Savings Report

The Cost Savings report is triggered by all Resource records that have a policy segment updated (added or changed) due to a Datamatch update.

Run on a monthly basis.

List changes to existing, changes to year to date existing, new segment, new year to date segment, total amount cost avoided and year to date amount cost avoided.

2.12.27.4 Clarifications

No associated clarifications found.

2.12.27.5 Associated Requirements

Requirement ID	Type
30.090.004.003.1	TPL Reports Letters

2.12.27.6 Associated System Objects

Technical Name	Object Type	Title
TPL-0391-M	Report	Third Party Contractor Cost Savings
TPL-0390-M	Report	Cost Savings

2.12.27.7 Change Order Status

Status	Date
Issue Identified	08/11/2005
Sign-Off Requested	10/11/2005
SE Assigned	06/12/2006
Technical Design In Progress (obsolete)	06/13/2006
Awaiting Further Definition	06/19/2006

Status	Date
Construction in Progress	07/14/2006
Ready for Construction Walkthrough	07/20/2006
Ready for Model Office	07/27/2006
Model Office Implemented	09/21/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.28 Questionnaire Error Report - 457

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
457	Change Order		Third Party Liability			2

2.12.28.1 Desired Solution

There is a need to create reports that show what correspondence has been sent to the printer and what correspondence has errored off.

2.12.28.2 Business Impact

Meet the Commonwealth's business needs.

2.12.28.3 Technical Specifications

See KY Report:

KYMT2400-R001- Questionnaire Error Report

This query selects cycle records which errored off the weekly process.

Run on a weekly basis.

List error codes, error messages, form, item, member name and questionnaire key.

2.12.28.4 Clarifications

This CO is System Wide CO 2629.

The Questionnaire error report does not need to be created per Teresa Shields. Please see email in supplemental documentation.

2.12.28.5 Associated Requirements

Requirement ID	Type
30.090.004.003.1	TPL Reports Letters

2.12.28.6 Associated System Objects

Technical Name	Object Type	Title
TPL-0411-W	Report	TPL Questionnaires and Letters Summary
TPL-0410-W	Report	TPL Questionnaire Error

2.12.28.7 Change Order Status

Status	Date
Issue Identified	08/11/2005
Sign-Off Requested	10/11/2005
Define/Analyze In Progress	05/10/2006
Duplicate	06/15/2006

2.12.29 Modify TPL Information panel - 470

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
470	Change Order		Third Party Liability			2

2.12.29.1 Desired Solution

Add sex, date of birth, date of death, absent parent Y or ' ', change suspect to verify, add cost avoid date, do not add assignment indicator.

Add a yes or no, as appropriate, indicator for Support enforcement orders indicator.

Note: Begin and end dates are on the TPL Information screen.

2.12.29.2 Business Impact

Meet the Commonwealth's business needs.

2.12.29.3 Technical Specifications

Update TPL INFORMATION PANEL to add the following options, that are referenced in the following fields:

- Date of Death;
- Date of Birth;
- Sex);
- Cost Avoidance Date);
- Absent Parent ID 'A = Absent Parent ' ; and,
- Support Enforcement.

2.12.29.4 Clarifications

As per comments in meeting with Hayley, Tammy and Mark add those new fields in the TPL Information panel instead of in TPL Base Information.

All the issues are fixed in the core CO 10465, but the fix is not seen in KY. TPL Search does not work. -- Sudheer Vaka.

2.12.29.5 Associated Requirements

Requirement ID	Type
30.090.004.001.2	TPL Resource HIPP Maintenance
30.090.004.002.1	TPL Resource HIPP Maintenance
30.090.004.002.6	Web Page
30.090.004.003.2	Web Page

2.12.29.6 Associated System Objects

Technical Name	Object Type	Title
TPL.TPLResourceInformation.ascx	Panel	TPL Information

2.12.29.7 Change Order Status

Status	Date
Issue Identified	08/12/2005
Sign-Off Requested	10/07/2005
Change Order Written	01/05/2006
SE Assigned	02/15/2006
Technical Design In Progress (obsolete)	02/20/2006
Construction in Progress	02/27/2006
SE Assigned	03/24/2006
Construction in Progress	03/31/2006
Ready for Construction Walkthrough	04/03/2006
Construction in Progress	05/05/2006
Ready for Model Office	07/19/2006
Model Office Implemented	12/14/2006
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

2.12.30 Carrier Information - 472

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
472	Change Order		Third Party Liability			2

2.12.30.1 Desired Solution

Add pin number, re-bill frequency, electronic billing carrier id and carrier type.

Add address type and develop edits for both domestic and foreign

2.12.30.2 Business Impact

Meet the Commonwealth's business needs.

2.12.30.3 Technical Specifications

Create the following fields that are referenced within the database:

(NOTE MANY OF THESE ARE NOT IMPLEMENTED BUT ARE GOING TO IMPLEMENTED AS PER DATA MODEL COS)

Pin # T_TPL_CARRIER.PIN_NUM CHAR(x)

Re-Bill Frequency T_TPL_CARRIER.RE_BILL_FREQ

Electronic Billing ID T_TPL_CARRIER.ELECT_BILL_ID

Address Type T_TPL_CARRIER.ADDR_TYPE 'Foreign/Domestic (F/D)'

For Domestic/Foreign you can look at CO 149
(CO 149 SPECS)

TABLE T_PR_ADR:

ADR_MAIL_INT - 50 characters to hold out of country address info including city, country, and zip code (which does not always adhere to the ISO 3166 standard of 5-4 digits).

NUM_PHONE_INT - 15 character international phone number.

NUM_PHONE_FAX_INT- 15 character international fax number.

CDE_COUNTRY - 2 character country abbreviation. Default to US.

TABLE T_COUNTRY:

CDE_COUNTRY - 2 character country abbreviation

DESC_COUNTRY - 50 character country description

DIALING_CODE - 5 character out of country dialing prefix for the country

AREA_CODE - 3 characters area code for those countries that can be dialed without using the country dialing prefix.

IND_INT_ADDRESS- (Y/N) indicates the country requires extra fields to enter the address.

IND_INT_PHONE - (Y/N) indicates the country requires an extra field to enter the phone number.

Add the country code field as a drop-down list on the address form above Address 1. If a country code is chosen which has the ind_int_address indicator = 'Y' then show an extra address line for the international address (make it required). The entire city, state, zip and country are entered into the new international address field.

If a country code is chosen which has the ind_int_phone = 'Y' then replace phone and fax with the international numbers. Keep the extension available. The entire international phone number including country code, city code, and number are entered into the international phone number field.

2.12.30.4 Clarifications

The panel is showing the new fields(Carrier Type, Electronic Billing ID, Re-bill Frequency, Active Indicator and Pin Number). The validation for the international addresses is added.

2.12.30.5 Associated Requirements

Requirement ID	Type
30.090.004.002.4	TPL Resource HIPP Maintenance
30.090.004.002.6	Web Page
30.090.004.003.2	Web Page

2.12.30.6 Associated System Objects

Technical Name	Object Type	Title
TPL.TPLCarrierPanel.ascx	Panel	Other-Carrier

2.12.30.7 Change Order Status

Status	Date
Issue Identified	08/12/2005
Sign-Off Requested	10/07/2005
Change Order Written	01/05/2006
Construction in Progress	03/17/2006
Ready for Model Office	03/17/2006
Model Office Implemented	09/21/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.31 Absent Parent Employer - 473

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
473	Change Order		Third Party Liability			2

2.12.31.1 Desired Solution

Display member absent parent and absent parent employer data. This would be inquiry only and some type of xref.

2.12.31.2 Business Impact

Meet the Commonwealth's business needs.

2.12.31.3 Technical Specifications

This is a read only form so only display is needed, follow standards documentation on read only fields, treat as labels. Create a new sub panel to display employer data information.

Employer

- Employer Phone Number;
- Employer City;
- Employer State;
- Employer Address 1;
- Employer Address 2;
- Employer Name of Business;
- Employer Contact Phone Extension;
- Employer Zip 4;
- Employer Point of Contact /li>;
- Employer Zip;
- Employer Code (uniquely user assigned ID to employer);
- Employer Federal; and,
- Employer system-assigned Unique ID Create a new sub panel to display absent parent information, panel control at CO 268 Links to Employer via SAK_EMP Absent Parent data is going to be created as per CO 687.

2.12.31.4 Clarifications

This panel allows the user to Add and delete Employers to a specific absent parent.

2.12.31.5 Associated Requirements

Requirement ID	Type
30.090.004.002.6	Web Page

Requirement ID	Type
30.090.004.003.2	Web Page

2.12.31.6 Associated System Objects

Technical Name	Object Type	Title
TPL.AbsentParentEmployer	Panel	Other-Absent Parent Employer

2.12.31.7 Change Order Status

Status	Date
Issue Identified	08/12/2005
Sign-Off Requested	11/03/2005
Change Order Written	01/05/2006
SE Assigned	02/20/2006
Technical Design In Progress (obsolete)	02/20/2006
Ready for Model Office	05/18/2006
Model Office Implemented	09/21/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.32 DCR1444-Interf from KAMES Estate - 475

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
475	Change Order		Third Party Liability	122.00		2

2.12.32.1 Desired Solution

Per CDR1444, add functionality to interface with KAMES to accept TPL Estate Recovery information.

2.12.32.2 Business Impact

Meet the Commonwealth's business needs.

2.12.32.3 Technical Specifications

Process the KAMES Estate Recovery file. Update the T_TPL_CASE_INFO table.

2.12.32.4 Clarifications

CO is dependent on the KAMES file which is currently in design by KAMES and therefore not possible for us to proceed. This has been deferred with approval from John Hoffman in an e-mail to Steve Russell dated 5/26/06.

The new KAMES layout is attached in the Supplemental Documentation section of this CO, titled 'lkimes'. Incoming records overwrite existing data for the member on the database.

Specifications for modifying the TPL-0310-W layout are also attached, titled 'TPL-0310-W_report'.

2.12.32.5 Associated Requirements

Requirement ID	Type
30.050.004.002.10	RFP Requirement
30.050.004.002.11	TPL Resource HIPP Maintenance
30.090.004.001.5	TPL Resource HIPP Maintenance
30.090.004.002.20	RFP Requirement
30.090.004.003.1	TPL Reports Letters
30.090.004.004.4	Interfaces - Incoming
30.090.004.004.5	Interfaces - Incoming

2.12.32.6 Associated System Objects

Technical Name	Object Type	Title
TPLJD310	Batch Job	KAMES Estate Recovery processing
TPL-0310-D	Report	Potential Estate Recovery Members
TPL-0311-D	Report	Potential Estate Recovery Error

2.12.32.7 Change Order Status

Status	Date
Issue Identified	08/15/2005
Sign-Off Requested	01/16/2006
Change Order Written	01/30/2006
SE Assigned	01/30/2006
SE Assigned	02/14/2006
Ready for Tech Walkthrough	04/03/2006
Construction in Progress	04/03/2006
Deferred	05/26/2006
Construction in Progress	08/18/2006
Ready for Model Office	09/20/2006
Model Office Implemented	09/21/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.33 DCSE Court Ordered Canceled Ind - 495

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
495	Change Order		Third Party Liability			

2.12.33.1 Desired Solution

CO Placeholder - Accept absent parent canceled court order information from the Division of Child Support Enforcement.

2.12.33.2 Business Impact

Meet the Commonwealth's business needs.

2.12.33.3 Technical Specifications

Process the DCSE file to update the Court Ordered indicator.

2.12.33.4 Clarifications

Currently, there is no data on the input file we receive from DCSE that allows us to do this. This functionality needs to be added once the data becomes available.

2.12.33.5 Associated Requirements

Requirement ID	Type
30.090.004.003.6	TPL Resource HIPP Maintenance

2.12.33.6 Associated System Objects

Technical Name	Object Type	Title
TPLJO020	Batch Job	Process Absent Parent Canceled Court Order Ind

2.12.33.7 Change Order Status

Status	Date
Issue Identified	08/17/2005
Deferred	09/16/2005

2.12.34 TPL Claims Denied - 496

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
496	Change Order		Third Party Liability	81.00		2

2.12.34.1 Desired Solution

Create report to identify all claims which were denied due to third-party resources. These claims appear on the report 120 days after being denied.

2.12.34.2 Business Impact

Meet the Commonwealth's business needs.

2.12.34.3 Technical Specifications

See KY Report:

KYMT5930-R001- TPL Denied Claims

This query selects claims with denied status for TPL and Medicare edits.

Run on a monthly basis.

List error codes, error messages, form, item, member name and questionnaire key.

2.12.34.4 Clarifications

Documentation for this change order can be found in 432

2.12.34.5 Associated Requirements

Requirement ID	Type
30.090.004.002.8	TPL Reports Letters
30.090.004.003.1	TPL Reports Letters

2.12.34.6 Associated System Objects

Technical Name	Object Type	Title
TPL-0920-M	Report	TPL Denied Claims

2.12.34.7 Change Order Status

Status	Date
Issue Identified	08/17/2005
Sign-Off Requested	10/11/2005
Change Order Written	12/15/2005
SE Assigned	12/15/2005
SE Assigned	04/26/2006
Construction in Progress	05/22/2006
Ready for Model Office	08/07/2006

Status	Date
Model Office Implemented	08/21/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.35 Pay and Chase - 581

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
581	Change Order		Third Party Liability			2

2.12.35.1 Desired Solution

Create reports TPL-0025-W Pay and Chase Report - Court Ordered and TPL-0025-M Retroactive TPL Report..

2.12.35.2 Business Impact

Meet the Commonwealth's business needs.

2.12.35.3 Technical Specifications

See KY reports:

KYMT1200-R008 - Pay and Chase Report - Court Ordered

This query selects claims with TPL edit 464 and with Source-code = G and Absent Parent Diagnosis on the claim.

Run on a weekly basis.

Listing the billing type, carrier number, date paid, paid amount, member identification number, reference ICN, submitted charges, subtotal amount paid, subtotal amount submitted charges, total carriers billed and total Medicaid paid.

KYMT2000-R001 - Retroactive TPL Report

This query selects claims relevant to the policy updates added or changed on the TPL Resource File within the cycle month.

Run on a monthly basis.

Listing the billing type, carrier number, date paid, paid amount, member identification number, reference ICN, submitted charges, subtotal amount paid, subtotal amount submitted charges, total carriers billed and total Medicaid paid.

2.12.35.4 Clarifications

Note that the format of report TPL-0025-R does not change. However, the report header can be modified to indicate whether an individual report is a weekly "Pay and Chase - Court Ordered" (TPL-0025-W) or a monthly "Retroactive TPL Report" (TPL-0025-M).

Meeting Notes from 09/06/2006: Since this CO needs to convert the Pay and chase jobs to run weekly and Retroactive jobs to run monthly, Hayley wanted the file names, control cards, report files and so on to meet the EDS standards, meaning when we modify the job to run monthly all the file names should have an "m" as the third character of the file name and in weekly jobs the file names should have a "w" as the third character.

Meeting Minutes from 09/07/06:

The current legacy system has the ability to bill CHAMPUS. We need to incorporate CHAMPUS billings with the commercial insurance billings. This change is incorporated as part of CO 581 since CO 581 deals with all of the commercial and pay and chase billing jobs, programs and so on.

We should get rid of the existing weekly/monthly CHAMPUS billing jobs TPLJW011, TPLJW012, TPLJW013, TPLJW014, TPLJM011, TPLJM012, TPLJM013 and TPLJM014 and in-

corporate the CHAMPUS billing along with the existing pay and chase and retroactive billing jobs TPLJM040 and TPLJW030 thru' TPLJW034 series.

Medicare Part A and Medicare Part B Jobs: According to the DCR, we are not supposed to run our retroactive Medicare A coverage either. We need to stop these from running. The following jobs need to be turned off: TPLJM050, TPLJM051, TPLJM071 and TPLJM072. This change is also incorporated along with CO 581 since CO 581 deals with other TPL billing jobs.

Have discovered a couple of things:

1. T_TPL_RESOURCE can hold members that have Medicare coverage. These are usually (in ICE anyway) on the t_re_medicare_a and t_re_medicare_b tables. We have to change our regular billings jobs to NOT look at those T_TPL_RESOURCES with Medicare coverage.

These are coverage codes:

25 MEDICARE PART C
26 MEDICARE PART D
27 MEDICARE PART A ANDB

We have to verify this with the Legacy code.

2.12.35.5 Associated Requirements

Requirement ID	Type
30.090.004.003.1	TPL Reports Letters

2.12.35.6 Associated System Objects

Technical Name	Object Type	Title
TPL-0025-M	Report	Retroactive TPL
TPL-0025-W	Report	Pay and Chase - Court Ordered

2.12.35.7 Change Order Status

Status	Date
Issue Identified	08/23/2005
Sign-Off Requested	10/12/2005
SE Assigned	02/14/2006
SE Assigned	07/06/2006
SE Assigned	07/18/2006
Define/Analyze In Progress	08/28/2006
Construction in Progress	09/05/2006
Ready for Unit Test (obsolete)	09/27/2006
Ready for Model Office	09/28/2006

Status	Date
Model Office Implemented	10/06/2006
Ready for Model Office	10/09/2006
Model Office Implemented	10/23/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.36 Estate, Trust, Casualty Recovery - 582

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
582	Change Order		Third Party Liability			2

2.12.36.1 Desired Solution

Modify report TPL-0027-M , create new reports TPL-0027-Q AND TPL-0027-A.

2.12.36.2 Business Impact

Meet the Commonwealth's business needs.

2.12.36.3 Technical Specifications

See KY reports:

KYMT3770-R001 - TPL Estate Recovery Monthly Contingency Fee Report

KYMT3770-R004 - TPL Trust Recovery Monthly Contingency Fee Report

KYMT3770-R007 - TPL Casualty Recovery Monthly Contingency Fee Report

The query selects from TPL Billing table and lists a detailed account of all casualty collections from the first day of the month to the last day of the month.

Run on a monthly basis.

Listing the Case Type, CCN, Case Number, Member Name, Monthly Recoveries, Number of Cases, RID No, Recovery, Total Cases and Total Monthly Recovery.

KYMT3770-R002 - TPL Estate Recovery Quarterly Contingency Fee Report

KYMT3770-R005 - TPL Trust Recovery Quarterly Contingency Fee Report

KYMT3770-R008 - TPL Casualty Recovery Quarterly Contingency Fee Report

This query selects from TPL Billing table and lists a detailed account of all casualty collections from the first day of the month to the last day of the quarter.

Listing Quarterly Recoveries, CCN, Case Number, Case Type, Contingency Fee, Date Received, Member Name, Number of Cases, RID No, Recovery, Total Quarterly Recovery and Total Cases.

KYMT3770-R003 - TPL Estate Recovery Yearly Contingency Fee Report

KYMT3770-R006 - TPL Trust Recovery Yearly Contingency Fee Report

KYMT3770-R009 - TPL Casualty Recovery Yearly Contingency Fee Report

This query selects from TPL Billing table and lists an account of all casualty collections from the first day of the month to the last day of the year.

Listing Annual Recoveries, CCN, Case Number, Case Type, Contingency Fee, Date Received, Member Name, Number of Cases, RID No, Recovery, Total Annual Recovery and Total Cases.

2.12.36.4 Clarifications

Please refer to CO 2137 for documentation.

2.12.36.5 Associated Requirements

Requirement ID	Type
30.090.004.003.1	TPL Reports Letters

2.12.36.6 Associated System Objects

Technical Name	Object Type	Title
TPL-0027-M	Report	Case Collections
TPL-0027-Q	Report	Case Collections Quarterly
TPL-0027-A	Report	Case Collections Annual

2.12.36.7 Change Order Status

Status	Date
Issue Identified	08/23/2005
Sign-Off Requested	10/17/2005
SE Assigned	04/19/2006
Technical Design In Progress (obsolete)	04/19/2006
Construction in Progress	04/20/2006
Ready for Construction Walkthrough	04/24/2006
Ready for Model Office	04/27/2006
Model Office Implemented	06/16/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.37 Activity Summary - 583

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
583	Change Order		Third Party Liability			2

2.12.37.1 Desired Solution

Modify report TPL-0004-M , create reports TPL-0004-A and TPL-0004-Q.

2.12.37.2 Business Impact

Activity Summary

2.12.37.3 Technical Specifications

See KY reports:

KYMT3900-R003 - Estate Recovery Yearly Activity Summary Report

KYMT3900-R002 - Estate Recovery Quarterly Activity Summary Report

The query summarizes counts of cases opened, closed, total cases, amounts recovered in this period, recovered to date and remaining balance from TPL Billing quarterly and annually.

Query for report TPL-0004-M summarizes count for intake, lead review, cases opened, closed, total cases, amounts recovered in the month and remaining balance from TPL Billing by case type. This query also provides a summary of counts of cases opened, closed, total cases, amounts recovered in this period, recovered to date and remaining balance for the month.

2.12.37.4 Clarifications

Awaiting further definition, see Transition CO 156.

2.12.37.5 Associated Requirements

Requirement ID	Type
30.090.004.003.1	TPL Reports Letters

2.12.37.6 Associated System Objects

Technical Name	Object Type	Title
TPL-0004-M	Report	Estate Recovery Case Activity Monthly Summary
TPL-0004-A	Report	Estate Recovery Case Activity Yearly Summary
TPL-0004-Q	Report	Estate Recovery Case Activity Quarterly Summary

2.12.37.7 Change Order Status

Status	Date
Issue Identified	08/23/2005
Sign-Off Requested	10/17/2005
SE Assigned	05/09/2006
Construction in Progress	05/09/2006
Ready for Tech Walkthrough	06/14/2006

Status	Date
Ready for Model Office	06/14/2006
Construction in Progress	06/14/2006
Awaiting Further Definition	06/19/2006
Ready for Model Office	07/19/2006
Model Office Implemented	07/21/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.38 Medicare Part A - 584

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
584	Change Order		Third Party Liability			2

2.12.38.1 Desired Solution

Remove type of claim and add RA number in TPL-0071-M report.

2.12.38.2 Business Impact

Meet the Commonwealth's business needs.

2.12.38.3 Technical Specifications

See KY Report:

KYMC1722-R001 UNISYS Medicare Part A Recoveries

Remove type of claim and add RA number in TPL-0071-M report.

Run on a monthly basis.

2.12.38.4 Clarifications

No associated clarifications found.

2.12.38.5 Associated Requirements

Requirement ID	Type
30.090.004.003.1	TPL Reports Letters

2.12.38.6 Associated System Objects

Technical Name	Object Type	Title
TPL-0071-M	Report	Medicare Recovery

2.12.38.7 Change Order Status

Status	Date
Issue Identified	08/23/2005
Sign-Off Requested	10/12/2005
SE Assigned	05/03/2006
Technical Design In Progress (obsolete)	05/03/2006
Ready for Tech Walkthrough	05/05/2006
Construction in Progress	05/12/2006
Ready for Construction Walkthrough	05/12/2006
Ready for Model Office	05/15/2006
Model Office Implemented	05/22/2006

Status	Date
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.39 Casualty to Case in Panel Names - 585

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
585	Change Order		Third Party Liability			1

2.12.39.1 Desired Solution

Change every instance of Casualty to Case within the TPL panels (names and content).

2.12.39.2 Business Impact

Meet the Commonwealth's business needs.

2.12.39.3 Technical Specifications

For the attached panels, change every instance of 'Casualty' to 'Case' where visible by the user.

2.12.39.4 Clarifications

"Casualty" has been replaced by "Case" for TPL panels

2.12.39.5 Associated Requirements

Requirement ID	Type
30.090.004.002.6	Web Page
30.090.004.003.2	Web Page

2.12.39.6 Associated System Objects

Technical Name	Object Type	Title
TPL.CasualtyCaseSearchPanel	Panel	Case Search Results
TPL.CasualtyCaseInformation.ascx	Panel	Case Tracking Information
TPL.CasualtyCaseInformation	Panel	Case Tracking Maintenance
TPL.CasualtyCaseBaseEditPanel.ascx	Panel	Case Tracking Base Information
TPL.CasualtyCaseLetterPanel.ascx	Panel	Case Letter
TPL.CasualtyCaseSearchPanel.ascx	Panel	Case Search
TPL.CasualtyCaseMiniSearchPanel.ascx	Panel	Case Mini Search
TPL.CasualtyCaseLetterHistoryPanel.ascx	Panel	Case Letter History

2.12.39.7 Change Order Status

Status	Date
Issue Identified	08/23/2005
Sign-Off Requested	10/07/2005
Change Order Written	01/05/2006
Ready for Model Office	03/21/2006

Status	Date
Model Office Implemented	09/21/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.40 AR Disp Search - Field Changes - 589

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
589	Change Order		Third Party Liability			2

2.12.40.1 Desired Solution

Accounts Receivable Search Changes

- Add Bill Type; and,
- Add Date Added.

Accounts Receivable Display Changes

- Add billed date;
- Remove Case Responsibility;
- Include total posted amt;
- Total Medicaid paid amount;
- Count of A/Rs; and,
- Improve label on display a/rs.

2.12.40.2 Business Impact

Meet the Commonwealth's business needs.

2.12.40.3 Technical Specifications

Billings Disposition Search Changes:

- Add 'Bill Type' field (drop-down list); and,
- Add 'Date Added' field.

Both fields are required when adding a new Billing Disposition, therefore add proper edits.

Billings Disposition Search Results Changes:

- Add 'Billed Date' so that it is also displayed at search results;
- Remove 'Case ID' field;
- Add 'Total Remaining Amount' label below 'Amount Remain' column so that all remaining amounts are added and displayed;
- Add 'Total Medicaid Paid Amount' label below 'Medicaid Paid Amount' so that all Medicaid paid amounts are added and displayed; and,
- Add 'Count' label towards the bottom of the panel to keep a total count of rows displayed.

2.12.40.4 Clarifications

No associated clarifications found.